Q09000000071

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100163111761

12/04/09--01013--028 **35.00

O9 DEC -4 AMII: II
SECRETARY OF STATE

J. BRYAN

-DEC - 8 2009

EXAMINER

COVER LETTER

, ,		
TO: Registration Section Division of Corporations		
SUBJECT: FLY SOUTH, LLC		
(Name o	of Alien Business Organization)	
Dear Sir or Madam:		
The enclosed Designation of Registered Age are submitted for filing.	ent and Registered Office for Alien Business O	organization and fee(s)
Please return all correspondence concerning	this matter to the following:	
REBECCA A. EDWARDS		
(Name of Person)		
MANDELL MENKES, LLC		
(Firm/Company)		F. 0
333 WEST WACKER DRIVE		F II
(Address)		ARY SSE
CHICAGO, IL 60606		ETARY OF STA
(City/State and Zip Code)		PRE =
For further information concerning this matter	er, please call:	<u> </u>
REBECCA EDWARDS at	(312) 251-1000	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
		•
Enclosed is a check for the following amou	ant:	
✓ \$35.00 Filing Fee	\$43.75 Filing Fee & Certified C	Сору

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

I PLT SOUTH, LLG			
	(Name of alien b	usiness organization)	
2. DELAWARE		3	
(State or country under w	nich entity is organized)	(FEI Numb	er, if applicable)
4. 940 Menso	, , - ,	Roselle, II	60172
	(Principal	office address)	
5. Name and Florida Street ad	dress of registered agent.		5 DEC
<u>c</u>	T CORPORATION		TAR ASS
<u>1</u>	200 SOUTH PINE ISLAND	ROAD	ED SEFFER
<u> </u>	lantation, FL 33324		TATE
6. The street address of the regard identical.	nary a	elds	e of the registered agent
	(Signature of chairman,	, vice chairman, or officer)	
8. MANAGER	Oloma and consolity of name	on signing in number 7 above)	· · · · · · · · · · · · · · · · · · ·
	(14mile mid capacity of pers	on sæmig in number i above)	
9. Signature of registered ages	nt:		
I hereby accept the appointm 607.0505, Florida Statutes.	ent as registered agent.	Í am fámiliar with and acce	pt the obligations of secti
	Made	nna Cuddihy	
		· · · · · · · · · · · · · · · · · · ·	
Madail	Special As	ssistant Secretary	

THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Registered agent accepting appointment)

(Date)

FILING FEE \$35

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 Tallahassee, FL 32314