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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	





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B. KOHR

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FILED SECRETARY OF STATE IVISION OF CORPORATIONS

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446	
WALK-IN	OFFICE USE ONLY
ENTITY NAME:	
AFC, LLC	
CK# 4795 FOR \$25.00	
PLEASE FILE THE ATTACHED AMENDMENT & RETURN TH	E FOLLOWING:
CERTIFIED COPY	
XXX STAMPED COPY	

___ CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

	~	Section Corporations			
SUBJECT	: AFCL	TC .			ONG 20
		(Name of Foreign	Limited Liability (Company	0
Dear Sir o	Madam	:			`O
The enclos	ed applie	cation, certificate and fee(s)	are submitted for	filing.	**************************************
Please retu	m all co	rrespondence concerning th	is matter to the fol	llowing:	
TLS/NRAI	CORPOR	ATE SERVICES			
		(Name of Person)			
NRAI CORI	ORATE	SERVICES .			
		(Firm/Company)			
2731 EXE	UTIVE P	ARK DRIVE, SUITE 4			
		(Address)			
WESTON,	FL 3333	1			
		(City/State and Zip Code	e)		
For further	informa	tion concerning this matter,	please call:	•	•
TLS			nt (<u>945</u>) <u>95</u> 4	4-318-278	37
	(Nai	ne of Person)	(Area Code & Day	ytime Tel	lephone Number)
		COURIER ADDRESS:			ADDRESS:
Registration Section Division of Corporations			Registration Section Division of Corporations		
	fton Buil	•		O. Box 63	•
		tive Center Circle , Florida 32301	Ta	llahassee	e, Florida 32314
Enclosed i	s a checl	k for the following amoun	t:		
□ \$25 Fili	ng Fee	S30 Filing Fee & Certificate of Status	\$55 Filing For Certified Cop		S60 Filing Fce, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

	6, 5
1.	Name of limited liability company as it appears on the records of the Florida Department of State: AFC LLC Jurisdiction of its organization: DELAWARE
2.	Jurisdiction of its organization: DELAWARE
3.	Date authorized to do business in Florida: 09/19/2007
	SECTION Π (4-7 complete only the applicable changes)
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? N/A
5.	New name of the limited liability company: N/A (must end with "Limited Liability Company, " "L.L.C.," or "LLC.")
FI th	f name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting e alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")
6.	If the amendment changes the period of duration, indicate new period of duration:
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
8.	If the amendment corrects any false statement, indicate the statement being corrected and the correction: ARTICLE 9 SHOULD READ: THE MANAGER IS: SUSAN WEISMAN
Α	RTICLE 7 SHOULD READ: 1825 Main Street, Suite 19, Weston, FL 33326
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned

Signature of a member or the authorized representative of a member

Masahiko Kurahashi, authorized representative

Typed or printed name of signee

amendment(s), duly authenticated by the official having custody of records in the jurisdiction

under the law of which this entity is organized.

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AFC LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTIETH DAY OF AUGUST, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AFC LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF APRIL, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4339713 8300

100846015

AUTHENTICATION: 8184293

DATE: 08-20-10

You may verify this certificate online at corp.delaware.gov/authver.shtml