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PICK-UP	☐ WAIT	MAIL		
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Special Instructions to Filing Officer:				
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G. MCLEOD

JUL 23 2008

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: SPINNER ENTERPRISES LLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
ADAM MCCLELLAN
(Name of Person)
SPINNER ENTERPRISES LLC (Firm/Company)
(Firm/Company)
313 W. 42nd 5+. (Address)
(Address)
SAVANNAH, GA 31401 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
ADAM MCCLEUAN at (912) 401-5630 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 Cinton Building 2661 Executive Center Circle
Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_\$125.00 \text{Filing Fee} \sum_\$130.00 \text{Filing Fee & \sum_\$\$155.00 \text{Filing Fee & \sum_\$\$}\$160.00 \text{Filing Fee, Certificate} \text{Certified Copy} \text{of Status & Certified Copy}

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

	SECTION 608.503, FLORIDA SI			MITTED TO REGIST	ER A F	OREIGN
	PANY TO TRANSACT BUSINESS I					
SPINNER EN	STERPRISES LLC					
(Name of Foreign I	JTERPRISES U.C. Cimited Liability Company; mus	t include	"Limited Liability Company	," "L.L.C.," or "LL	C.")	_
LATTE MO	CA SPIN LLC					
If name unavailable, ente	r alternate name adopted for the					
consent of the managers of Company," "L.L.C.," "LL	r managing members adopting the	he alterna	te name. The alternate name	must include "Limi	ted Liab	ility
Joinpany, L.L.C., LL	.C.)					
. GEORGIA	aw of which foreign limited liab	3.	26-1321	143		
(Jurisdiction under the l company is organized)	aw of which foreign limited liab	ility	(FEI number,	if applicable)		
. OCTOBER	26 2007	5.	PERPETUAL (Duration: Year limited lia			
(Date of	26 2007 Organization)		(Duration: Year limited lia exist or "perpetual")	bility company will	cease to	
).						D
•	(Date first transacted business	s in Florid	la, if prior to registration.)		70L 80	- <u>SSS</u>
	(See sections 608.501 & 608.50	02 F.S. to	determine penalty liability)		<u>ا</u>	真男
313 W. 4	200 St., SAVANNA	H 6A	31401		2	55 57 57
						-0.55
					MHI: 25	_3 <u>0</u> 6
	(Street A	ddress of	Principal Office)		=	
If limited liability	company is a manager-man	oad aa	mmany: shook hom		N	≦E
. If filling that having t	company is a manager-man	iageu co	impatry, check here		C)	ಪ್ರಗ <u>ಾ</u>
. The name and usua	al business addresses of the	: managi	ne members or manage	rs are as follows:	,	
		•				
ADAM MC	CLELLAN-313 W.	42ND	ST. SAVANNAH	GA 3140	и	
					•——	_
		 				
					,	
n 44 1 17 * * 1	an in the	~~ 1				
	certificate of existence, no more th					cords in
	wof which it is organized. (A pho			te is in a toreign lang	guage, a	
arsauon of the certificate	under onth of the translator must b	DE SQUITIQUE	Bu.)			
1. Nature of business	s or purposes to be conduc	ted or pr	romoted in Florida:	OFFEE SM	00711/	<u>€</u> sj
·						•
•	SANDMICH CAFE					_
	Signature of a member or	an autho	prized representative of	a member.		
	(In accordance with section 608.40 an affirmation under the penalties	18(3), F.S.,	the execution of this document	constitutes		
	ADAM MCCLEY Typed or pr					
	Typed or pr	rinted na	ame of signee			

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Spinner Enterpr	rises LLC	Company is:
If name unavai	lable, the alternate nan	ne to be used in the state of Florida is:
LATTE /	MOCA SPIN L	-LC
2. The name a	nd the Florida street ad	ldress of the registered agent and office are:
	NRAI Services, Inc.	
		(Name)
	2731 Executive Park D	Orive, Suite 4
	Florida Str	eet Address (P.O. Box NOT ACCEPTABLE)
	Weston	FL 33331
		City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. NRAI Services, Inc.

By: (Signature)
Christian Eubanks - Asst. Secretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Control No. 07088932

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

SPINNER ENTERPRISES LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 10/26/2007 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 7th day of July, 2008

> Karen C Handel Secretary of State

fain Claudel

Certification Number: 3013513-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp