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2011 NOV -7 AM 9: 54 SECRETARY OF STATE

T. HAMPTON

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COVER LETTER

TO:

Registration Section

Division of Corporations
Summer Bonner Carona & 111
SUBJECT: BATTON'S ORIGINALS LCC 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:
PHIL GREENE Name of Person
Name of Person Banons Orisinals Firm/Company
5935 Ripge Dn Address
LAKECAND FC 33813 City/State and Zip Code
1/0603 © EARTHLINK NCT E-mail address: (to be used for future annual report notification)
E-mail address. (to be used for future annual report nonneadou)
For further information concerning this matter, please call:
PHIL Greene at (863) 661-3856
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\int_{\text{S125.00 Filing Fee}}^{\text{\$130.00 Filing Fee}} \int_{\text{Certificate of Status}}^{\text{\$\$155.00 Filing Fee}} \int_{\text{Certified Copy}}^{\text{\$\$160.00 Filing Fee}} \int_{Cert



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 NOV -7 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 3, 2011

PHIL GREENE 5935 RIDGE DR LAKELAND, FL 33813

SUBJECT: BARON'S ORIGINAL'S, LLC

Ref. Number: W11000056153

We have received your document for BARON'S ORIGINAL'S, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 611A00025026

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
_
1. BAR on 5 Originated Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2 Marsasiani 2 80-0732644
2. WISSISSICOI (Jurisdiction under the law of which foreign limited liability company is organized) 3. 80 - 0732644 (FEI number, if applicable)
1 5/23/11 5 PERPETUAL.
4. 5/23/11 (Date of Organization) 5. Perperual. (Duration: Year limited liability company will-oease to exist or "perpetual")
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
/·
1013 CR 187 Blue SPRINGS MS 388 5 9 (Street Address of Principal Office)
(Sitted Auditess of Frincipal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows: Phil Green
\$ 5935 Rioge Dr. LAKECAND, FC 33813
190733 11.00C 10.12 04 C(CAUT) 1 C - 201.3
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: SCLL Outpour
turniture.
Milp Blum
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
PHILIP B GERENE
Typed or printed name 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.

1. The name of the Limited Liability Company is:
Banons Briginsis
If unavailable, the alternate to be used in the state of Florida is:
<u>·</u>
2. The name and the Florida street address of the registered agent and office are:
PHIL Concerne
PHIL Greene (Name)
5935 Ripse Da B
Florida Street Address (P.O. Box NOT ACCEPTABLE)
21Kelaya FL 33813 City/State/Zip
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.
(Signature)
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agents \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

BARON'S ORIGINAL'S, LLC

Formed May 23, 2011

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

1013 CR 187 BLUE SPRINGS MS 38828

and that the registered agent at that address is:

GREENE, PHILIP

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand and seal of office November 7, 2011

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 12557722-1 Page 1 of 1 Reference:

Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp