

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000234187 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Yo:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one smail address please.\*\*

Email Address:

ف

#### Foreign Limited Liability Company Genji, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Please File

SEP 25 2012

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

9/24/2012

PAGE 01/05

CT CORPORATION

8626336092

67:91 202/72/60

#### COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: GENII, LLC				
Name of Limited Liability Company				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Plorida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Plorida				
Please return all correspondence concerning this matter to the following:				
AILEEN COLLENDER				
Name of Person				
MILES & STOCKBRIDGE P.C.				
Firm/Company				
10 LIGHT STREET				
Address D				
BALTIMORE, MD 21202  City/State and Zip Code				
City/Store and Zip Code				
w.jahangcer@genjiweb.com				
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:				
For further information concerning this matter, please call:				
Watid Jahangcer at (267 ) 972.5734				
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:  \$\sim \frac{5}{2}\$125.00 Filing Fee \$\sim \frac{5}{2}\$130.00 Filing Fee \$\sim \frac{5}{2}\$155.00 Filing Fee \$\sim \frac{5}{2}\$155.00 Filing Fee \$\sim \frac{5}{2}\$160.00 Filing Fee, Certificate Opy				

FLuby - (w/u5/3010 CT \$) stem Online

## 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:

. CDNII II C		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
( the or to see station and my company, more account summed supplies company, success of another successions		
(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. DELAWARE 3.		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4. 3/31/2010 5. PERPETUAL		
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")		
6. UPON ACCEPTANCE OF APPLICATION		
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
1500 JEK BI MV GUILLO 304		
7, 1300 JEK BLVD., SOITE 723		
PHILADELPHIA, PA 19102		
(Street Address of Principal 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:		
Peace Dining Corporation		
1500 TFK Blvd., Suite 725		
Philadelphia, PA		
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 translation must be submitted.)		
11. Nature of business or purposes to be conducted or promoted in Florida:		
FOOD SERVICE		
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, P.S.)		
SHINGO KANAI, President of Sole Member and Authorized Person		
Typed or printed name of signee		

YUSS - INDEZOLE CT System Caline



# 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 Lia GENJI, LLC	ability Company is:	
	ne used in the state of Florida is:	
2. The name and the Florida str	reet address of the registered agent and office	
C T Corporation S		RECT.
	(Name)	AHA
1200 South Pine Is		
Flor	ida Street Address (P.O. Box NOT ACCEPTABLE)	a in
Plantation	FL 33324	SIAR S
<del></del>	City/Stute/Zip	<b>98 2</b>

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.

By: Samantha Jones
Assistant Secretary
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

FLUST - IDMS/2010 C T SesterA Utiline

# Delaware

DACE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GENJI, 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 NINETEENTH DAY OF JULY, A.D. 2012.

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

4806551 8300

120851833

You may verify this certificate online

AUTHENTICATION: 9720816

 $\sim$ 

DATE: 07-19-12