

#M13000000925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

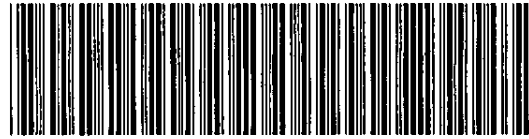
(Business Entity Name)

(Document Number)

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13 OCT 22 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
OCT 24 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 30, 2013

901 ABBOT HOLDINGS, LLC  
PETRA BAUEMFIEND  
820 MERIDIAN AVE, STE. 100  
MIAMI BEACH, FL 33139

SUBJECT: 901 ABBOT HOLDINGS, LLC  
Ref. Number: M13000000925

We have received your document for 901 ABBOT HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 913A00020689

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 901 Abbot Holdings, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Petra Bauernfeind  
Name of Person

901 Abbot Holdings, LLC  
Firm/Company

820 Meridian Ave., Suite 100  
Address

Miami Beach, FL 33139  
City/State and Zip Code

petra@bigfootcorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Petra Bauernfeind at ( 305 ) 900.3166  
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 amount:**

- \$25 Filing Fee     \$30 Filing Fee & Certificate of Status     \$55 Filing Fee & Certified Copy     \$60 Filing Fee, 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)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: 901 Abbot Holdings, LLC

2. Jurisdiction of its organization: California

3. Date authorized to do business in Florida: December 28, 2012

**SECTION II (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? July 16, 2013

5. New name of the limited liability company: Tiki Bar LLC.  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

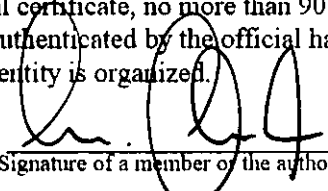
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

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:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member of the authorized representative of a member

MICHAEL GLEISSNER

Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
13 OCT 22 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC-10 Restated Articles of Organization of a Limited Liability Company (LLC)**

To form a limited liability company in California, you can fill out this form and submit for filing along with:

- A \$30 filing fee
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form or document

Upon filing, these restated articles of organization will supersede the initial articles of organization and all amendments previously filed.

**Important!** To change the LLC addresses, or to change the name or address of the LLC's agent for service of process, you must file a Statement of Information (Form LLC-12). To get Form LLC-12, go to [www.sos.ca.gov/business/llc/statements.htm](http://www.sos.ca.gov/business/llc/statements.htm).

**Note:** Before submitting the completed form, you should consult with a private attorney for advice about your specific business needs.

**FILED** *llcc*  
 Secretary of State  
 State of California  
 JUL 16 2013

*IPC*

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For questions about this form, go to [www.sos.ca.gov/business/be/filing-llcs.htm](http://www.sos.ca.gov/business/be/filing-llcs.htm).

① **LLC's Exact Name** (on file with CA Secretary of State)  
 901 Abbot Holdings, LLC

② **LLC File No.** (issued by CA Secretary of State)  
 201122310136

**New LLC Name** (Only complete Item 3 if you are changing the name of your LLC.)

③ **TIKI BAR, LLC**  
 Proposed LLC Name: TIKI BAR, LLC  
 The name must end with "LLC," "L.L.C.," "Limited Liability Company," "Limited Liability Co.," "Ltd. Liability Co.," or "Ltd. Liability Company," and may not include "bank," "trust," "trustee," "incorporated," "the," "corporation," or "corp.," "insure," or "insurance company."

**Purpose**

④ The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the Beverly-Kilgus Limited Liability Company Act.

**LLC Addresses** (If the LLC has not filed a Statement of Information (Form LLC-12), list the addresses exactly as listed in the original articles of organization. If the LLC has filed Form LLC-12, do not complete Item 5.)

⑤ a. **Initial Street Address of LLC** City (no abbreviations) State Zip  
 b. **Initial Mailing Address of LLC, if different from 5a** City (no abbreviations) State Zip

**Service of Process** (If the LLC has not filed a Statement of Information (Form LLC-12), list the name and address of the agent for service of process exactly as listed in the original articles of organization. If the LLC has filed Form LLC-12, do not complete Item 6.)

⑥ a. **Agent's Name** CA  
 Agent's Street Address (if agent is not a corporation) City (no abbreviations) State Zip

**Management** (Check only one.)

⑦ The LLC will be managed by:  
 One Manager  More Than One Manager  All Limited Liability Company Member(s)

**Read and sign below:** This form must be signed by at least one manager, unless a greater number is provided for in the Articles of Organization. If a trust, association, attorney-in-fact, or any other person not listed above is signing, go to [www.sos.ca.gov/business/be/filing-llcs.htm](http://www.sos.ca.gov/business/be/filing-llcs.htm) for more information. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are part of this document.

Sign here: *[Signature]* Michael J. G. Gleissner Manager  
 Print your name here Your business title

Make check/money order payable to: Secretary of State  
 Upon filing, we will return one (1) uncertified copy of your filed document for free; and will certify the copy upon request and payment of a \$5 certification fee.

**By Mail:** Secretary of State, Business Entities, P.O. Box 944228, Sacramento, CA 94244-2280  
**Drop-Off:** Secretary of State, 1500 11th Street, 3rd Floor, Sacramento, CA 95814