# MMODOWISHO

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	· )
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
(Dusiless Likity Marile)	,
(Document Number)	
Certified Copies Certificates or	f Status
Special Instructions to Filing Officer:	

Office Use Only



000295533850

02/15/17--01014--013 \*\*125.00

FEB 1 6 2017 S. YOUNG

FALL AHASSEE, FLORIDA

#### **COVER LETTER**

	istration Section sion of Corporations		
SUDIECT.	10602 SAT LLC		
SUBJECT:	Name of Limit	ted Liability Company	
	"Application by Foreign Limited Liability Company d check are submitted to register the above referenced		
Please return	all correspondence concerning this matter to the follo	wing:	
	Jason Duffy CEO		
	Name o	of Person	
	The Doughnut Peddler, LLC		
	Firm/C	Company	
	450 N McClintock Dr. Ste 102 2nd Fl.		
	Ad	dress	TANK THE
	Chandler AZ 85226		FEB
	City/State a	and Zip Code	5 32
	swilkerson@camelbackpartners.com		E.FLOR
	E-mail address: (to be used for	future annual report notification)	
For further in	formation concerning this matter, please call:		<b>6</b>
Dar	ny Dean, Controller	480 283-7913	
	Name of Contact Person	Area Code Daytime Telephone Number	
Div Reg P.O	ILING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a		\$155.00 Filing Fee & \$\square\$ \$160.00 Filing Fee, Certified Copy of Status & Certified Cop	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. \[ \frac{10602 \text{ SAT LLC}}{\text{(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")} \]

Liability Company," "L.L.	alternate name adopted for the purpose (C," or "LLC.")		in Florida. The alternate nar	ne must include "Limited
2. Arison Arizon		3. 81-3776269		
(Jurisdiction under the la company is organized)	w of which foreign limited liability		(FEI number, if applicable	
4. we have not transacte	ed business in Florida yet.			
	(Date first transacted business (See sections 605.0904 & 605.09	s in Florida, if prior to r 905, F.S. to determine p	egistration.) penalty liability)	_
5. 450 N McClintock D				_
Chandler AZ 85226				
	(Street Address of Pr	incipal Office)	1.001.00.00.00.00.00.00.00.00.00.00.00.0	
6. 450 N McClintock Dr	. Ste 102 2nd Fl.			_ 吊器
Chandler AZ 85226				H 757
	(Mailing Ac	ldress)		
7. Name and street addr	ess of Florida registered agent: (P.O	. Box NOT acceptal	ole)	
Name:	IN Corp Services, Inc			RETARY OF STATE ANIASSEE, TLORIDA
Office Address:	17888 67th Court North			;; <del>p</del>
	Lozahatchee		, Florida 33470	
			,	<b></b>
Registered agent's acce	(City)		(Zip code)	
Having been named as a designated in this applic to complywith the provis	ptance: registered agent and to accept servic ation, I hereby accept the appointm sions of all statutes relative to the pi f my position as registered agent.	ce of process for the nent as registered ago	(Zip code)  above stated limited liabi  ent and agree to act in th	is capacity. I further agree
Having been named as a designated in this applic to complywith the provis	ptance: registered agent and to accept service ation, I hereby accept the appointm sions of all statutes relative to the professions of my position as registered agent.  Siec ATTREHUD	ce of process for the nent as registered ago	(Zip code)  above stated limited liabi  ent and agree to act in th	is capacity. I further agree
Having been named as a designated in this applicate to complywith the provisaccept the obligations of	ptance: registered agent and to accept service ration, I hereby accept the appointment rations of all statutes relative to the profession as registered agent.  Siee Attricust (Register	ce of process for the nent as registered ago roper and complete p ed agent's signature)	(Zip code) above stated limited liabi ent and agree to act in th performance of my duties	is capacity. I further agree
Having been named as a designated in this applicate to comply with the provisaccept the obligations of 8. The name, title or cap	ptance: registered agent and to accept service ation, I hereby accept the appointm sions of all statutes relative to the professions of my position as registered agent.  Siec ATTREHUD	ce of process for the nent as registered ago roper and complete p ed agent's signature)	(Zip code) above stated limited liabi ent and agree to act in th performance of my duties	is capacity. I further agree
Having been named as a designated in this applicate to comply with the provisaccept the obligations of 8. The name, title or cap	ptance: registered agent and to accept service registered agent and to accept service retion, I hereby accept the appointm sions of all statutes relative to the part f my position as registered agent.  Siee Attriction (Register coacity and address of the person(s) w	ce of process for the nent as registered ago roper and complete p ed agent's signature)	(Zip code) above stated limited liabi ent and agree to act in th performance of my duties	is capacity. I further agree
Having been named as a designated in this applicate to comply with the provisaccept the obligations of 8. The name, title or cap	ptance: registered agent and to accept service registered agent and to accept service retion, I hereby accept the appointm sions of all statutes relative to the part f my position as registered agent.  Siee Attriction (Register coacity and address of the person(s) w	ce of process for the nent as registered ago roper and complete p ed agent's signature)	(Zip code) above stated limited liabi ent and agree to act in th performance of my duties	is capacity. I further agree

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Jason Duffy, CEO

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

IN COMPLANCE WITH SECTION 6050902, FLORID A STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGY LIMITED LIMITARY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA 10602 SAT LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L L C., or "L1 C") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must melude "Limited Liability Company," "L L C," or "LI.C.") , Armoun AzizorA (Jurisdiction under the law of which foreign limited hability (I LI number, if applicable) company is organized) we have not transacted business in Florida yet. (Date first transacted business in 1 lorida of prior to registration) (See sections 605 0904 & 605,0905, F.S. to determine penalty fiability) 450 N McClintock Dr. Ste 102 2nd Fl. Chandler AZ 85226 (Street Address of Principal Office) 450 N McClintock Dr. Stc 102 2nd Fl. Chandler AZ 85226 (Marling Address) 7 Name and street address of Florida registered agent (P.O. Box NOT acceptable) InCorp Services, Inc. Name 17888 67th Court North Office Address: \_\_ , Florida <u>\_\_\_</u> Loxahatchee Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statujes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position of fegistered agent. A Kathy Shin on behalf of InCorp Services, Inc. Acred agent's signature) 8. The name, title or capacity and address of the person(s) who has have authority to manage is/are: Jason Duffy, CEO, The Doughnutpeddier (Manager) 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any talse information

submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817 155. F.S.

Typed or printed name of signee

Jason Duffy, CEO



## STATE OF ARIZONA



### Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Ted Vogt, Executive Director of the Arizona Corporation Commission, do hereby certify that

\*\*\*10602 SAT LLC\*\*\*

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 25th day of August 2016.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 7th day of February, 2017, A. D.



Ted Vogt, Executive Director

By: 1588528

