

L110.00120176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

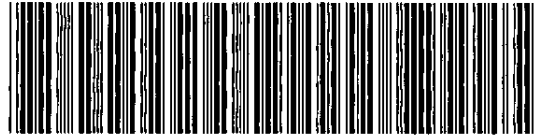
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Office Use Only

**B. KOHR**

OCT 20 2011

**EXAMINER**



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11 OCT 20 PM 1:42

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
1200 KENTUCKY ST. S.W.  
ATLANTA, GA 30334

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 OCT 20 PM 3:44



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 950584 4322747

AUTHORIZATION :

COST LIMIT : \$125.00

*[Handwritten signature]*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT 20 PM 3:44

ORDER DATE : October 19, 2011

ORDER TIME : 12:41 PM

ORDER NO. : 950584-010

CUSTOMER NO: 4322747

DOMESTIC FILING

NAME: KREBS IN BEST LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Krebs in Best LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Larry H. Schatz

Name of Person

Grubman Indursky & Shire, P.C.

Firm/Company

152 West 57th Street

Address

New York, NY 10019

City/State and Zip Code

lschatz@gispc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Schatz

Name of Person

at ( 212 ) 554 - 0452

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS  
11 OCT 20 PM 3:44

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Krebs in Best LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

455 Grand Bay Drive, Suite 272

Key Biscayne, FL 31149

**Mailing Address:**

455 Grand Bay Drive, Suite 272

Key Biscayne, FL 31149

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

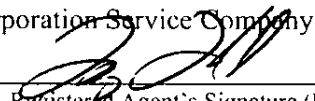
FL 32301

City, State, and 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, F.S..*

Corporation Service Company

By:



Registered Agent's Signature (REQUIRED)

**Troy Todd  
as its agent**

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Carlos Mena

455 Grand Bay Drive, Suite 272

Key Biscayne, FL 31149

MGRM

Ana Maria Krebs

455 Grand Bay Drive, Suite 272

Key Biscayne, FL 31149

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

\s\ Larry Schatz

**Signature of a member or an authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, 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.)

Larry Schatz, Authorized Person

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**