

# MD30000001748

Florida Department of State  
Division of Corporations  
Public Access System

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.**

((H03000203122 4)))

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

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : M. BURR KEIM COMPANY  
Account Number : 119990000242  
Phone : (215) 563-8113  
Fax Number : (215) 977-9386

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 MAY 29 AM 11:15

APPROVED  
AND  
FILED

DIVISION OF CORPORATION

03 MAY 29 AM 11:01

RECEIVED

## FOREIGN LIMITED LIABILITY COMPANY

STUDIO OF THE ARTS, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

JB  
5-24-03

(H03000203122 4)

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. STUDIO OF THE ARTS, LLC  
(Name of foreign limited liability company)
2. Pennsylvania  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FBI number, if applicable)
4. November 13, 2000  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification.  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.135, F.S.))
7. 501 Anthony Drive, Plymouth Meeting, PA 19462  
(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:

Jason Reichman

439 Crescent Drive, Melbourne, FL 32901

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: To own and operate a  
restaurant and bar.

  
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.)

Jason Reichman, Authorized Person

Typed or printed name of signer

03 MAY 29 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

(H030002031224)

(H03000203122 4)

**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:

STUDIO OF THE ARTS, LLC

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

Jason Reichman

(Name)

439 Crescent Drive

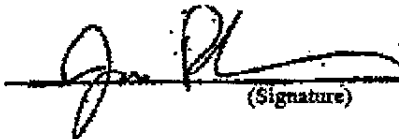
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Melbourne,

FL 32901

(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, F.S.*

  
(Signature)

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

SECRETARY OF STATE  
MAIL ADDRESS  
FILED

03 MAY 29 AM 11:15

APPROVED  
AND  
FILED

(H03000203122 4)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

May 28, 2003

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

STUDIO OF THE ARTS, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein



IN TESTIMONY WHEREOF, I  
have hereunto set my hand and  
caused the Seal of the  
Secretary's Office to be affixed,  
the day and year above written.

*David C. Santa*  
Secretary of the Commonwealth

david1