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(Re	equestor's Name)	
(Ac	ldress)	
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(Cil	ty/State/Zip/Phone	<b>∍</b> #)
PICK-UP	MAIT WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Pertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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J.C	Office Use Onl	lv



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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	nited Liability Company)
	ability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please return all correspondence concerning this r	natter to the following:
	ame of Person)
S.J. Copper	and Assarates irm/Company)
4001 Sq.	Ha Barbara Blvd (Address)
Maples, (City/S	tate and Zip Code)
For further information concerning this matter, plants of the second of	5 = 0.4
(Name of Person)	at (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\square\$ \$130.00 Filing Fee & Certificate o	

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

	SECTION 608.503, FLORIDA STAT			TO REGISTER A FOR	REJGN
IMITED LIABILITY COMP.	ANY TO TRANSACT BUSINESS, IN T	THE STATEOF FL	ORIDA:	10	
•	Name of Foreign Limite	ed Liability Comm	SAD ZA		
n 2- /-	(Name of Foleign China	, ,	• · · .	70	
J797 C	or Groning	3	(FEI number, if applic	160	
(Jurisdiction under the la company is organized)	aw of which foreign limited liabili	ty	(FEI number, it applie	able)	
2/1	10		2035		
(Date of	Organization)	(Duration	: Year limited liability con	npany will cease to	
(-11		exist or "	perpetual")		
	Noi	ne			
·	(Date first transacted business in (See sections 608.501 & 608.502	Florida, if prior t	o registration.)		
1/1001	(See sections 608.501 & 608.502)	r.s. to determine	penanty nationally)	1 11-	1 21
4001	Janta Bark	ana /	S/VC/ //QA/	65 Flogic	XX 59
	1		1//		
	(Street Addr	ess of Principal O	ffice)		
	(buck south)	ess of Timespar C	11100)		
If limited liability o	ompany is a manager-manag	ged company, c	heck here 🔀		
•	• -				
The name and usua	I business addresses of the m	nanaging memb	ers or managers are as	s follows:	,
Stever	n Corper	401	Santa Bank	ara Blud	<b>,</b>
	Mad	res 1	CAIDON 3	4/248	
					errerta
				6 -1	,
. Attached is an original o	ertificate of existence, no more than	90 days old, duly a	uthenticated by the official 1	having custody of recor	dsin
	w of which it is organized. (A photo		ble. If the certificate is in a	foreign language, a	
instation of the certificate i	under oath of the translator must be s	submitted.)			••
. Ni. 6		d au muamastad :	n Florida Z	10 July 100	
. Nature of dusiness	s or purposes to be conducted			X X X X	
	1000		9/e5		
	///				
	Elever C	bores		···	
•	Signature of a member or an	authorized rep	resentative of a memb	er.	
J	(In accordance with section 608.408(3 an affirmation under the penalties of	3), F.S., the execution	n of this document constitute	s	
	an arrivation under the penalties of	_			
		ted name of sign	onee	<del></del>	
	1 yped or prin	two names or or	5***		

### 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:	
Fine Choice Food Club, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Name) PER	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Naples FL 34104 City/State/Zip	
Having been named as registered agent and to accept service of process for the above stated limite liability company at the place designated in this certificate, I hereby accept the appointment as regagent 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 to obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.	gistered S

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

## State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

SS.

I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that FINE CHOICE FOOD CLUB, LLC, a limited liability company organized under the laws of the State of Wyoming, did on 02/01/2005, file its Articles of Organization in the Office of the Secretary of State of Wyoming, and is in good standing at the date of this certificate.

I FURTHER CERTIFY that this certificate is not to be construed as an endorsement, recommendation, or notice of approval of the limited liability company's financial condition or business activities and practices, as this information is not available from the records of this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 23rd day of February A.D., 2005.



Secretary of State