

MD5000004664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500058431105

08/11/05--01053--004 \*\*155.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 AUG 22 PM 4:43

N. Gullone AUG 22 2005

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Katie Krew LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

FRANCINE FOSTER LOVE  
(Name of Person)

KATIE KREW LLC  
(Firm/Company)

2929 MAPLE GROVE PLACE  
(Address)

OVIDO, FLORIDA 32765  
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCINE LOVE at (571) 212-5681  
(Name of Person) (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    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 15, 2005

FRANCINE FOSTER LOVE  
2929 MAPLE GROVE PLACE  
OVIEDO, FL 32765

SUBJECT: KATIE KREW LLC  
Ref. Number: W05000038513

We have received your document for KATIE KREW LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

You must complete the Certificate of Designation form which I have enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 205A00052040

**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. KATIE KREW LLC  
(Name of Foreign Limited Liability Company)
2. DELAWARE, USA  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-1133770  
(FEI number, if applicable)
4. 5/10/2004  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. n/a  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 4000 ATLANTIC BLVD  
VERO BEACH, FLORIDA 32960  
(Street Address of Principal Office)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 AUG 22 PM 4:44

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:

FRANCINE LOVE, 4000 ATLANTIC BLVD., VERO BEACH, FL 32960  
IAN LOVE, 4000 ATLANTIC BLVD., VERO BEACH, FL 32960

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: RESTAURANT  
AND SPORTS BAR

Francine F. Love  
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.)  
FRANCINE F. LOVE  
Typed or printed name of signee

**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:

KATIE KREW LLC

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


E. Steven Lauer  
(Name)

3426 Ocean Drive

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Vero Beach FL 32963  
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, Florida Statutes.*

  
(Signature)

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

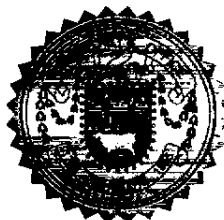
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 AUG 22 PM 4:44

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KATIE KREW LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF AUGUST, A.D. 2005.



3801174 8300

050649496

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4074775

DATE: 08-05-05