## M06000003267

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Pflofie #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , , ,
(Document Number)
(Social Citation)
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1) 1
<u>Kalcena</u> GAVE
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SECRETART OF STATE

ALLAHASSEF FLORIN

#### **COVER LETTER**

TO: Registration Division of	n Section Corporations	
SUBJECT:	NOOCOOKS Y (Name of Lir	nited Liability Company)
Florida," Certificate		ability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please return all con	rrespondence concerning this	matter to the following:
	Walter r	ame of Person)
	NOUCUOKS (F	Investments irm/Company)
	820 Hamili	ON St. SUITE C9 (Address)
	Charlott, p (City/s	tate and Zip Code)
For further information	tion concerning this matter, pl	ease call:
_Ka10	(Name of Person)	at ( <u>704</u> ) <u>248 2336</u> (Area Code & Daytime Telephone Number)
MAILING Division of O P.O. Box 63 Tallahassee,	Corporations 27	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check □\$125.00 Fili	for the following amount: ing Fee \$\square\$130.00 Filing Fee & Certificate o	

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

	MPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1	NOU COOKS INVESTMENTS, LLC (Name of Foreign Limited Liability Company)
2. (Juri	NOVHO CATOLINU sdiction under the law of which foreign limited liability pany is organized)  3. 20-3681194  (FEI number, if applicable)
4	(Date of Organization)  5. DLY DLY ULL  (Duration: Year limited liability company will cease to exist or "perpetual")
6	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7	4237 SW 71st ave
<del></del>	MIAMI Flonda 33155 (Street Address of Principal Office)
8. If l	imited liability company is a manager-managed company, check here
9. The	e name and usual business addresses of the managing members or managers are as follows:
	820 Hamilton St. Suite Ca Walt Daniels
<del></del>	chanotte NC 28206
he juris	ached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in ediction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ion of the certificate under oath of the translator must be submitted.)
11. N	ature of business or purposes to be conducted or promoted in Florida:
	design firm
	Signature of a member or an authorized representative of a member.
	(In accordance with section 698.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	Typed of printed name of signee
	r y ped or printed name or signed

### 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 t	he Limited L	iability Co	mpany is:			_				
	100000	KS C	reat	IVe,	, LL	<u>C</u> _				
2. The name and	the Florida s	street addre	ess of the re	egistered	l agent a	nd office	are:			
-			(Na	,		WALT	DAN	SEORE LAIRT	6- NUL 90	FILED
_	4237								PH	D
	Fi	orida Street /	Address (P.C	). Box <u><b>N</b>(</u>	<b>)T</b> ACCEP1	rable)		STAT	PH 12: 13	
	MIAMI			FL	331	55		DA.	, W	
_		, ,,,,,,,,	City	/State/Zip				<del></del>		
Having been nam liability company agent and agree to relating to the pro obligations of mis	at the place of o act in this comper and com	lesignated i apacity. I f plete perfor gistered ag	n this certi further agre mance of n	ficate, I i re to com ny duties,	hereby ac iply with , and I ar	ccept the the provi n familia	appointn isions of ir with an	nent as all stati nd accej	regisa utes pt the	terea

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



# NORTH CAROLINA Department of The Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### **NOOCOOKS INVESTMENTS, LLC**

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 21st day of September, 2005, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 5th day of May, 2006

Secretary of State

6 laine I. Marshall