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(Re	equestor's Name)
(Ad	dress)
(Ad	dress)
(Cit	ry/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	iness Entity Name)
Certified Copies	tument Number) Certificates of Status
Special Instructions to	Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORING

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: CHAS LEVY CIRCULATING CO. LL	c
	ted Liability Company)
The enclosed "Application by Foreign Limited Liab Florida," Certificate of Existence, and check are sul liability company to transact business in Florida	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
MARIE WILLIS	
(Nar	me of Person)
CHAS LEVY CIRCULATING CO	LLC ASE 0:
(Firr	n/Company)
27500 RIVERVIEW CENTE	R BLVD.
	Address)
BONITA SPRINGS, FL 3413	34 DAT 37
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	se call:
MARIE WILLIS	_ <sub>at (</sub> 239 <sub>)</sub> 949-4450
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &  Certificate of S	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

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

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

1. CHAS LEVY CIRCULATING CO. LLC
(Name of Foreign Limited Liability Company)
2. DELAWARE 3. 36-4053387
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 11/1/1999 5 PERPETUAL
(Date of Organization) (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. 27500 RIVERVIEW CENTER BLVD.
BONITA SPRINGS, FL 34134
(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 S. FLEGEL 27500 RIVERVIEW CTR. BLVD., BONITA SPRINGS, FL, 34134
MARC FIERMAN 27500 RIVERVIEW CTR. BLVD., BONITA SPRINGS, FL 34134
DOUGLAS J. BATES 27500 RIVERVIEW CTR. BLVD., BONITA SPRINGS, FL, 34134
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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: WHOLESALE
DISTRIBUTORS
Del abote
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.)
DOUGLAS J. BATES

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:

#### CHAS LEVY CIRCULATING CO. LLC

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

CORPORATION SERVICE COMPANY (Name) 1201 HAYS STREET Florida Street Address (P.O. Box NOT ACCEPTABLE)

**TALLAHASSEE** 32301 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.

Jeanine Reynolds as its agent (Signature)

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

## Delaware

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#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHAS. LEVY CIRCULATING CO. 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 NINETEENTH DAY OF DECEMBER, A.D. 2006.

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SECRETARY OF STATE
TALL ANASSEE FROM



Warriet Smith Harriet Smith Windsor, Secretary of State

marrier Smith Windson, Secretary of

AUTHENTICATION: 5290034

DATE: 12-19-06