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LORIDA/FOREIGN LIMITED LIABILITY CO.

Sweet Emotions, LLC

Certificate of Status	0
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sweet Emotions, LL		limited liability company)	· · · · · · · · · · · · · · · · · · ·
		2	
	law of which foreign limited liability cany is organized)	(FEI number, if applicable)	
4. 11/22/2005 (Date o	(Organization)	5. Perpetual  (Duration: Year limited liability company will of exist or "perpetual")	cease to ·
6. Upon qualification (Date	irst transacted business in Florida. (Se	ne sections 608.501, 608.502, and 817.153, F.S.)	
7. 168 S River Rd., B	edford, New Hampshire 03110-6929	9	,
	(Street addres	ss of principal office)	
8. If limited liability	company is a manager-manage	d company, check here X	* *
9. The name and usi	al business addresses of the ma	maging members or managers are as follows:	7s 5
Kyle Nagel, 95 G	ige Road, Bedford, New Hampshire	03110	
Allen Coburn, 28	East Nashua Road, Windham, New	Hampshire 03087	25 N
Tim Kelleher, 51	Tenney Road, Pelham, New Hampsl	hire 03076	변유 글유
Tom Murphy, 10	Quentin Drive, Longonderry, New I	Hampshire 03053	<u> </u>
the jurisdiction under		90 days old, duly authenticated by the official having ous notocopy is not acceptable. If the certificate is in a foreign be submitted.)	
11. Nature of busine	ss or purposes to be conducted	or promoted in Florida:	
Vending Company			
	Thomas P. Much	,	
	(In accordance with section 608.408(3),	unthorized representative of a member. , F.S., the execution of this document constitutes enjury that the facts stated herein are true.)	
	Tom Murphy, Manager		

Typed or printed name of signee

4070000099743

# 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.

I. The name Sweet Emoti	e of the Limited Liability ions, LLC	Company is:	
2. The nam	e and the Florida street ac	idress of the registered agent and office are:	
٠	Business Filings Incor	porated	-
		(Name)	
			≥s 07
	1203 Governors Squar	- LAH	
	Florida st	j	
•	,		
•	Tallahassee	FL 32301-2960	
(City/State/Zip)			<del>2</del> 3 6
			9: 42 STATE ORIDA
liability con	ipany at the place designa	nt and to accept service of process for the abov ted in this certificate, I hereby accept the appoi is capacity. I further agree to comply with the	intment as

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

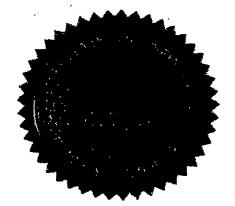
statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

# State of New Hampshire Department of State

#### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Sweet Emotions, LLC is a New Hampshire limited liability company formed on November 22, 2005. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that accertificate of cancellation has not been filed.

7 JAN 12 AM 9: 42



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 8th day of January, A.D. 2007

William M. Gardner Secretary of State