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(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:
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W08-25838



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M. THOMAS

JUL 222008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Jake's House Destin I	LLC
	of Limited Liability Company)
	ited Liability Company for Authorization to Transact Business in the kare submitted to register the above referenced foreign limited orida
Please return all correspondence concernin	g this matter to the following:
Ken Hastings	2
	(Name of Person)
Jake's House Destin	
	(Firm/Company)
P. O. Box 681118	
	(Address)
Franklin, TN 37068	
((City/State and Zip Code)
For further information concerning this ma	tter, please call:
Charles Morton	at (615) 790-2444
(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 \$\sqrt{1}\$130.00 Filing Cert	int: g Fee & \$\sum \$\\$155.00\$ Filing Fee & \$\sum \$\\$160.00\$ Filing Fee, Certificate ificate of Status Certified Copy of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 27, 2008

KEN HASTINGS PO BOX 681118 FRANKLIN, TN 37068

SUBJECT: JAKE'S HOUSE DESTIN LLC

Ref. Number: W08000025838

We have received your document for JAKE'S HOUSE DESTIN LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 608A00033035



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:

Jake's House Destin LLC	E STATE OF FLORIDA:
	lude "Limited Liability Company," "L.L.C.," or "LLC.")
	pose of transacting business in Florida and attach a copy of the writte ternate name. The alternate name must include "Limited Liability
₂ Tennessee	3. 26-2545640
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4, 05/01/08	5 Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A	TE ST
(Date first transacted business in F (See sections 608.501 & 608.502 F.	Florida, if prior to registration.) S. to determine penalty liability)
7. 1226B Lakeview Dr.	
Franklin, TN 37067	
(Street Addres	s of Principal Office)
8. If limited liability company is a manager-manage	d company, check here
9. The name and usual business addresses of the ma	naging members or managers are as follows:
Ken Hastings	
P.O. Box 681118	
Franklin, TN 37068	
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photoco translation of the certificate under oath of the translator must be suf	
11. Nature of business or purposes to be conducted of	or promoted in Florida: retail sales of clothing
& accessories in Life is Good® line	_
Mrs Hastin	athorized representative of a member.
(In accordance with section 608.408(3),	F.S., the execution of this document constitutes
Charles Morton	rjury that the facts stated herein are true.)

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:	色
Jake's House Destin LLC	疆 2
If name unavailable, the alternate name to be used in the state of Florida is:	PH FILE
2. The name and the Florida street address of the registered agent and office are:	E E
Jake's House Destin LLC Millie Brantley	
4123 Legendary Drive 76 Shady Loune Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Destin, FL 32541 FL City/State/Zip City/State/Zip	9

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)

Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 05/19/2008
REQUEST NUMBER: 08140122
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 05/01/ 08 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0576188 JURISDICTION: TENNESSEE

TO:
PAUL KROG
133 BRIXWORTH LN
UNIT 11
NASHVILLE, TN 37205

REQUESTED BY: PAUL KROG 133 BRIXWORTH LN UNIT 11 NASHVILLE, TN 37205

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID: THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 05/19/08

FEES

RECEIVED:

\$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00004412119 ACCOUNT NUMBER: 00601413

AGEICUL DIRE

FROM: PAUL KROG

UNIT 11

133 BRIXWORTH LN

NASHVILLE, TN 37205-0000

RILEY C. DARNELL SECRETARY OF STATE

SS-4451