# M09000001597

(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:	7

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SECRETARY OF STATE
FALLAHASSEE, FLORID.

WD9-189/8

J. BRYAN

APR 3 0 2009

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DAMIAN	J demimeals, LLC ame of Limited Liability Company)
Please return all correspondence conce	rning this matter to the following:
Damia	rning this matter to the following:  Name of Person)  R29 PH 2:  ORIGINATION OF STATE OF STAT
	N demimeals, LLC (Firm/Company)
2507 13	South MACDILL COE (Address)
TAMPA,	Florida 33629 (City/State and Zip Code)
For further information concerning this	s matter, please call:
Georgie Man (Name of Person	at $(8/3)$ $995-4844$ (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 a  \$125.00 Filing Fee  \$130.00	mount: Filing Fee & \$\sum_\$155.00 Filing Fee & \$\sum_\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 22, 2009

DAMIAM FREEMAN DAMIAN DEMIMEALS, LLC 2507 B SOUTH MACDILL AVE TAMPA, FL 33629

SUBJECT: DAMIAN DEMIMEALS, LLC

Ref. Number: W09000018918



We have received your document for DAMIAN DEMIMEALS, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 409A00013518

Damian Freeman Managing Member DAMIAN demimeals, LLC

Date: Opril 20 2009

Witness:

Print Name:

Grorge Martin

Date: (1px; / 20 200

## 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. DAMIAN demineals LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
DAMIAN- demineals, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. De laware USA (Jurisdiction under the law of which foreign limited liability) (FEI number, if applicable)
4. Jan 26th, 2009 (Date of Organization)  5. Perpetual (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)
2507 B South MACDILL QUE
TAMPA, Florida 33629  (Street Address of Principal Office)  STATE TO THE TOTAL
8. If limited liability company is a manager-managed company, check here
The name and usual husiness addresses of the managing members or managers are as follows:
Damian Freeman
2507 B South MACDILI are
TAMPA, Florida, 33629
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: (atening
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 penaltics of perjury that the facts stated herein are true.)
Damian Freeman 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:			
DAMIAN demineals, LLC			
If name unavailable, the alternate name to be used in the state of Florida is:  DAMIAN-demineals, LLC			
DAMILAN-demineals, LLC	<u> </u>	<del>-</del>	
2. The name and the Florida street address of the registered agent and office are:	JARET	)9 APR	~~~
<u>Damian Freeman</u>	1	29 P	
(Name)	. CO	ZZ ZZ	ļ
2507 B South MACDILL ave	TATE	?: 	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
TAMPA FL 33629 City/State/Zip			
· Olly, State 2,p			
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all s relating to the proper and complete performance of my duties, and I am familiar with and adobligations of my position as registered agent as provided for in Chapter 608, Florida Statu	t as reg statute: ccept t	gister s	red
(Signature)			

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

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DAMIAN'S DEMIMEALS, 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 TWENTY-SIXTH DAY OF JANUARY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAMIAN'S DEMIMEALS, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2009.

4648320 8300

090066577

AUTHENTICATION: 7099086

DATE: 01-26-09

You may verify this certificate online at corp.delaware.gov/authour.shtml