# M09000000000033333

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



400156381704

06/10/09--01047--018 \*\*125.00

09 JUN 10 PH 4: 54
SECRETARY OF STATE

D. BRUCE

JUN 11 2009

**EXAMINER** 

#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Saint-Rémy, LLC
(Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Damian Freeman (Name of Person)
Saint-Rémy, LLC (Firm/Company)
1479 Belcher RD, Suite DD En & T
Largo, FL 33771-5247 PR (City/State and Zip Code)
For further information concerning this matter, please call:
George Martin at (813) 995-4844  (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:  \$\sum{\$\$125.00 Filing Fee}\$ \$\$\$130.00 Filing Fee & \$\sum{\$

### 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: imited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.") Delaware State
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-0305134
(FEI number, if applicable Man 29th 2009
5. Duration: Y (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 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: 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: Food Catering 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.)

## 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:			
Saint-Remy, LLC			
If nome unavailable, the elternate name to be used in the state of Floride in			
If name unavailable, the alternate name to be used in the state of Florida is:			
Saint Rémy LLC			
2. The name and the Florida street address of the registered agent and office are:	SECRETARY TALLAHASSE	01 NNF 60	n
1479 Belcher RD r Suite DD  Florida Street Address (P.O. Box NOT ACCEPTABLE)	OF STATE E. FLORIDA	PH 4: 55	
Javgo FL 33771 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.

(Signature)

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

I, Damian Freeman as sole Managing Member of Saint-Rémy, LLC, a Nevada Corporation SRV 090562972-4692887 authorize for the purpose of operating in the State of Florida, the alternate name Saint Rémy, LLC if my Delaware registered name of Saint-Rémy, LLC is not available in the State of Florida.

Damian Freeman Managing Member Saint-Rémy, LLC

Date: 6-4-0

Witness:

andrew of Carrico

Date: 6 - 4 - 09

Print Name:

Andrew J. Carrico

FILED

O9 JUN 10 PM 4:55
SECRETARY OF STATE

# Delaware

PAGE 3

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "SAINT-REMY, 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 SECOND DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAINT-REMY, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MAY, A.D. 2009.

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

09 JUN 10 PM 4: 55
SECRETARY OF STATE
TALLAHASSEF FLORID

4692887 8300

090562972

AUTHENTYCATION: 7334568

DATE: 06-02-09

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