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| (Requestor's Name)  (Address)  (Address)   | 300157268283                                 |  |
|--|--|--|
| (City/State/Zip/Phone #)                   | 06/29/0901030011 **125.ŭo                    |  |
| (Business Entity Name).  (Document Number) |  |  |
| Certified Copies Certificates of Status    | 09 JUN 29 SECRETARY                          |  |
| Special Instructions to Filing Officer:    | TILED<br>JUN 29 PM 12: 24<br>HASSEE, FLORIDA |  |

Office Use Only

D. BRUCE
JUN 3 0 2009

**EXAMINER** 

#### **COVER LETTER**

| TO:                       | Registration Section Division of Corporations  |  |
|---------------------------|--|--|
| SUBJ                      | ECT:   | Cool Beans, LLC  |
|                           |  | Name of Limited Liability Company  |
|                           |  | imited Liability Company for Authorization to Transact Business in Florida," Certificate of gister the above referenced foreign limited liability company to transact business in Florida. |
| Please                    | return all correspondence concern  | ing this matter to the following:  |
|                           |  | Frank Pickens  |
|                           |  | Name of Person   |
|                           |  | Firm/Company   |
| 10751 S.W. Elsinore Drive |  | 10751 S.W. Elsinore Drive  |
|                           |  | Address ACC  |
| Port St Lu                |  | Port St Lucie, FL 34987  |
|                           |  | Port St Lucie, FL 34987  City/State and Zip Code  Port St Lucie, FL 34987  City/State and Zip Code   |
|                           | E-mail   |  |
| For fu                    | rther information concerning this n  |  |
|                           | Frank Pick   |  |
|                           | Name of Person   | on Area Code & Daytime Telephone Number  |
|                           | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  |
| Enclo                     | sed is a check for the follow  | ing amount:  |
|                           |  | \$0.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate certificate 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: Cool Beans, LLC (Name of Foreign Limited 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.") Indiana (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) 03/16/2005 perpetual (Date of Organization) (Duration: Year limited liability company will cease to 6. n/a (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 10751 S.W. Elsinore Drive Port St Lucie, FL 34987 (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: Frank Pickens 10751 S.W. Elsinore Drive Port St Lucie, FL 34987 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: 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.) Frank Pickens

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:                                   |  |
|--|--|
| Frank Pickens  |  |
| If unavailable, the alternate to be used in the state of Florida is:               |  |
| 2. The name and the Florida street address of the registered agent and office are: | 09<br>TALL                                   |
| Frank Pickens  |  |
| (Name)   | FIL<br>09 JUN 29<br>SECRETARY L<br>LLAHASSEE |
| 10751 S.W. Elsinore Drive  | 四至是  |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)                                   | PHIZ: 24  OF STATE FLORIDA                   |
| Port St Lucie, 所L 34987  | -  |
| 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)

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

COOL BEANS, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 16, 2005, and was in existence or authorized to transact business in the State of Indiana on June 05, 2009.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fifth Day of June, 2009.

TODD ROKITA, Secretary of State

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