# M09000002894

(Requestor's Name)	 	
(Requestors Name)		
(Address)		
·	50015852838	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	07/27/0901013009	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status	09 JUL 27 PR C- 02	
	C. C	
Special instructions to Filing Officer:	3	
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Office Use Only



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\*\*125.00

T. HAMPTON

JUL 2 8 2009

**EXAMINER** 

#### **COVER LETTER**

	stration Section sion of Corporations	
SUBJECT:	Tiffins, LLC	
30000011	Name of Limited Liability Company	
	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of d 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:	
Karen Johnson		
	Name of Person	
Harvard Business Services, Inc.		
	Firm/Company	
16192 Coastal Highway		
	Address	
	Lewes, DE 19958	
	City/State and Zip Code	
	bom27byculla@hotmail.com	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
	Karen Johnson at ( 302 ) 644-6257	
	Name of Person Area Code & Daytime Telephone Number	
Divi Regi P.O.	LING ADDRESS:  Sion of Corporations Stration Section Box 6327 Clifton Building hassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is	a check for the following amount:	
<b>✓</b> s	25.00 Filing Fee \$\int \\$130.00 Filing Fee & \int \\$155.00 Filing Fee & \int \\$160.00 Filing Fee, Certificate Copy of Status & Certified Copy	



### HARVARD BUSINESS SERVICES, INC.

16192 COASTAL HIGHWAY LEWES, DELAWARE 19958-9776 Phone: (302) 645-7400 (800)-345-2677

Fax: (302) 645-1280 www.delawareinc.com

July 21, 2009

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Please find enclosed a completed and signed application for authorization to transact business in Florida for Tiffins, LLC. In addition to the application, we have enclosed a check for \$125.00 to cover the filing fee.

It would be most appreciated if you could please return the completed filing to my attention at the above address. Should you have any questions please do not hesitate to call me at 302-644-6257.

Thank you in advance for your assistance on this matter.

Sincerely,

Karen Johnson

Corporate Filing Specialist

Enclosures

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 618.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTED IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	R A FOREIGN
Tiffins, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LUC."	)
f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy meent of the managers or managing members adopting the alternate name. The alternate name must include "Limited ompany," "L.L.C," "LLC.")	of the written
Oelsware 3. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized)	<del></del>
07/20/2009 5. Perpetual (Date of Organization) (Duration: Year limited liability company will cer	
(Date of Organization) (Duration: Year limited liability company will ceresist or "perpetual")	ise to
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
(See sections 608.301 & 608.302 F.S. to determine penalty liability)  1330 57 Street North, Apt. 102C	
D. D	
St. Petersburg, FL 3371u (Street Address of Principal Office)	<del></del>
If limited liability company is a manager-managed company, check here	
The name and usual business addresses of the managing members or managers are as follows:	•
John B. D'Souza 1330 57 Street North, Apt. 102C, St. Petersburg, FL 33710	<del></del>
Harriet E. D'Souza 1330 57 Street North, Apt. 102C, St. Petersburg, FL 33710	<del></del>
). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lungua relation of the certificate under oath of the translator must be submitted.)	yofrecords in ge, a
. Nature of business or purposes to be conducted or promoted in Florida: Restaurant	<u></u>
x John I tours	
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	<b>7</b> 7
an affirmation under the penalties of perjury that the facts stated herein are true.)	73
X JUHN Deouza	7 PM 2: 02
Typed or printed name of signee	0
	<b>6</b>

. . . .

#### 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 POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
Tiffins, LLC
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:
John B. D'Souza
(Name)
1330 57 Street North, Apt. 102C
Florida Street Address (P.O. Box NOT ACCEPTABLE)
St. Petersburg FL 33710
Clty/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.

\$ 100.00 Filing Fee for Application

(Signature)

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

DIVISION OF CORPORATIONS

PAGE 1

# Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TIFFINS, 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-SECOND DAY OF JULY, 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 "TIFFINS, LLC" WAS FORMED ON THE TWENTIETH DAY OF JULY, A.D. 2009.

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7432775

DATE: 07-22-09