109000003820

(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:	
A. LUNT SEP 28 2009 EXAMINE	,
<u></u>	ı

Office Use Only



600160992556

09/25/09--01043--022

**130 00

SECRETARY OF STATE

009 SEP 25 PM 1:3

COVER LETTER

Registration Section

TO:

Divisio	on of Corporations				
SUBJECT:	Sna	p Solutions, LLC			
		ne of Limited Liability Company			
		pility Company for Authorization to To bove referenced foreign limited liabili			
Please return al	correspondence concerning this ma	atter to the following:			
		Kyle Brown	······································		
		Name of Person			
	<u> </u>	atering to Orlando, LLC	Þω	200	
		Firm/Company	L ARC	2009 SEP 25	
		11109 Oakshore Ln.	55	25	F
		Address	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	PM :	
		Clermont, FL 34711	FLORIDA		
		City/State and Zip Code	TE A CI	37	
		o@snapfingercatering.com to be used for future annual report not	ification)		
For further info	rmation concerning this matter, plea	se call:	,		
	Kyle Brown	at (321)	206-3101		
	Name of Person	Area Code & Daytime Telephon			
Division Registr P.O. B	ING ADDRESS: on of Corporations ation Section ox 6327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building			
	issee, FL 32314 check for the following amou	2661 Executive Center Circle Tallahassee, FL 32301 int:			
\$ 12	5.00 Filing Fee \$130.00 Filing Certificate of		\$160.00 Filing Fee, Co		

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.	(Name of Foreign Limited Liability Company; must include	tic de	ons, LLC "Limited Liability Company," "L.L.C.," or "LLC.")		
CO	name unavailable, enter alternate name adopted for the purpose sent of the managers or managing members adopting the altern mpany," "L.L.C," "LLC.")				
2.	North Carolina Jurisdiction under the law of which foreign limited liability company is organized) 3.	• .	27-0840877 (FEI number, if applicable)		
		• .	perpetual (Duration: Year limited liability company will cease to exist or "perpetual")		
6.	(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ric to			71
7.	Apex, NC 27539 (Street Address o	of	SRY C		
	If limited liability company is a manager-managed of the name and usual business addresses of the manager.		D OA		
′	Catering to Orlando, LLC/11109 Oakshore Ln.	./(Clermont, FL 34711; Point & Click Meals,		
ÜK	Glen Allen, VA 23059; Molto Bene, LLC/3146 Attached is an original certificate of existence, no more than 90 de jurisdiction under the law of which it is organized. (A photocopy slation of the certificate under oath of the translator must be subm	7 ay	Old Cannon Rd./Beverly Hills, MI 48025 Old Cannon Rd./Beverly Hills, MI 48025 sold, duly authenticated by the official having custody official having custody official having custody of a not acceptable. If the certificate is in a foreign language, a	+ Hecon	+11 Sin (C
11	Nature of business or purposes to be conducted or	p	romoted in Florida:	_	
	Any and all law	/fı	ul business	_ ·	
	Signature of a member or an autl (In accordance with section 608.408(3), F.S.	S.,			

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:
Snap Solutions, 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:
Catering to Orlando, LLC % Kde Bowk
11109 Oakshore Ln. Florida Street Address (P.O. Box NOT ACCEPTABLE)
City/State/Zip AHAS
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 albstatutes 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)

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00 \$ 5.00



NORTH CAROLINA Department of The Secretary of State

(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

SNAP SOLUTIONS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 27th day of August, 2009, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of September, 2009.

Elaine I. Marshall

Secretary of State