# M0900003887

(Requestor's Name)  (Address)	700161030157
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	09/28/0901016019 **160.00 SECKETARY TALLAHASSE
(Document Number)  Certified Copies : : Certificates of Status 2 - 5 to 2 - 5	PH 2: 02  PH 2: 02
Special Instructions to Filing Officer:	The state of the s

W09-43462 A. LUNT

OCT -1 2009

EXAMINER

Office Use Only



September 29, 2009

PEGGY ROLLINS P.O. BOX 393 PORT CLYDE, ME 04855

SUBJECT: LB DELRAY BEACH, LLC

Ref. Number: W09000043462

We have received your document for LB DELRAY BEACH, LLC and your check(s) totaling \$160.00. 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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 109A00031664

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LB Delray Beach, 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:
Peggy Rollins Name of Person
LB De Iray Beach, LLC
P.O. Box 393
Address  Port Clyde ME 04855  City/State and Zip Gode
legay Rollins @ Linda Bean Ster Fect Maine. Col E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Peggy Rollins at 207, 302-1044  Name of Person 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
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \tag{\$130.00 Filing Fee & Certificate of Status}\$\$ \$155.00 Filing Fee & Certified Copy

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1
(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. Maine (Jurisdiction under the law of which foreign limited liability) 3. (FEI number, if applicable)
company is organized)
4. //6/09 5. Of period (Duration: Year limited liability company will cease to exist or "perpetual") 6. United first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
exist or "perpetual")
6. will open 10/00/09
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 200 + 202 East Atlantic Ave
7. 200 + 202 East Atlantic Ave Delray Beach, FL. 33483 (Street Address of Principal Office)
(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:
Linda Lo Bean P.O. Box 860, Canden, ME
NUGES
0785
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 husiness and more than the conducted on a constant in Florida.
11. Nature of business or purposes to be conducted or promoted in Florida:
<u>restavant</u>
leggen Collins CFO
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.)
ready Bollins
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:
LB Delvay Beach, 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:
Peggy Bollins (Name)
200 = 202 East Atlantic Avenue
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Delray Beach, FL 33483 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.

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\$ 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 Maine



### Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of formation, amendment and cancellation of articles of organization of limited liability companies and annual reports filed by the same.

I further certify that LB DELRAY BEACH, LLC is a duly formed limited liability company under the laws of the State of Maine and that the date of formation is January 09, 2009.

I further certify that said limited liability company has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the articles of organization and that according to the records in the Department of the Secretary of State, said limited liability company is a legally existing limited liability company in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this thirtieth day of September 2009.

Authentication: 1512-081

MATTHEW DUNLAP

Secretary of State