Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000024596 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 -: (302)645-7400 Phone Fax Number : (302)645-1280

**Enter the email address for this business equity to be used for forder annual report mailings. Enter only one email address please. **

	_	
Em of	1	Address:

FLORIDA/FOREIGN LIMITED LIABILITY CO.

From Jeanie's Kitchen, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filin G4c1MCLEODelp

FEB - 4 2010

EXAMINER

(((H100000245963)))

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC		
	Name of Limited Liability Company	
The enclo Existence	losed "Application by Foreign Limited Liability Company-for Authorization to Transact Business in Florida." Cee, and check are submitted to register the above referenced foreign limited liability company to transact business.	Terrificate of ss in Florida
Please re	eturn all correspondence concerning this matter to the following:	
	Paul Sponaugle	
	Name of Person	
	Harvard Business Services, Inc.	
	Firm/Company	
	16192 Coastal Hwy	
	Address	
	Lewes, DE 19958	
	City/State and Zip Code	
	jspitalieri@cfl.rr.com	
	E-mail address: (to be used for future annual report notification)	
For furth	ner information concerning this matter, please call:	
	Paul Sponaugle at (302) 644-6263 Name of Person Area Code & Daytime Telephone Number	
	Name of Person Area Code & Daytime Telephone Number	
	MAILING ADDRESS: STREET ADDRESS:	
	Division of Corporations Registration Section Division of Corporations Registration Section	
	P.O. Box 6327 Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle	
	Tallahassee, FL 32301	
Enclose	ed is a check for the following amount:	
	\$125.00 Filing Fee \$\sum \$\subset\$\$ \$130.00 Filing Fee &\$155.00 Filing Fee &\$160.00 Filing Fee, Certified Copy of Status & Certified Copy	

(((H100000245963)))

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.	From Jeanie's Kitchen, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "ULC	·*)	
ÇO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a cop- asent of the managers or managing members adopting the alternate name. The alternate name must include "Limite impany," "L.L.C," "LLC.")	y of the d	written ity
2.	Delaware 3 80-0523313		
_,	Unisdiction under the law of which foreign limited liability (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)		
4.	February 1, 2010 5. perpetual (Date of Organization) (Duration: Year limited liability company will de-		
	(Date of Organization) (Duration: Year limited liability company will ce exist or "perpetual")	ase to	
6.	No business transacted in Florida prior to registration		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		0
_	5812 Windhover Drive	70	DIVISION OF
7.	3312 Williamovel Drive	833	Sic
	Orlando, FL 32819		i i i i i i i i i i i i i i i i i i i
	(Street Address of Principal Office)	చ	773
8.	If limited liability company is a manager-managed company, check here	PH	COMPON
9.	The name and usual business addresses of the managing members or managers are as follows:	<u>ઃ</u> 2	Ser.
	Joanna Spitalieri, 5812 Windhover Drive, Orlando, FL 32819		0
	Jeanie Spitalieri, 5812 Windhover Drive, Orlando, FL 32819		user.
the trac	Attached is an original certificate of existence, no more than 90 days old, duly authoriticated by the official having custod jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign larger askition of the certificate under eath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida:	ige, a	rds <i>i</i> n
11.	Website - cooking techniques and retail sales	***************************************	
•	Aprila	···········	
	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 population of perjury that the finite stated berein are true.)		
	Joanna Spitalieri, Member		
	Typed or printed name of signee		

(((H10000024596 3)))

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 Liai	oility Comp	pany is:		
	rom Jea	пів's Kitchen	LLC	
If unavailable, the alternate to be	: used in th	e state of Florida	is:	
2. The name and the Plorida sire	et address	of the registered	agent and office are:	<u> </u>
	<u>J</u> c	oanna Spitalieri		_
		(Name)		
	5812	Windhover Dri	Ve	
Florid	in Street Add	ireas (P.O. Box <u>NO</u>	L'ACCEPTABLE)	
<u> </u>	rlando.	FI_ City/State/Zip	32819	
Having been named as registered		to accept service o		
liability company at the place desi agent and agree to act in this capa				
relating to the proper and complet	le performa	nce of my duties,	a <mark>nd I am familiar with</mark>	and accept the
obligation of my position as regis	tered agent	t as provided for t	n Chapter 608, Floride	z Statutes.
(Signature)	 -			-
<i>.</i> /	\$ 100.00			
	\$ 25.00 \$ 30.00	Designation of Certified Copy	Registered Agent	
	\$ 5.00		(opuma) tatus (optional)	

Delaware

-(((H10000024596-3)))

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "FROM JEANIE'S KITCHEN, 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 FEBRUARY, A.D. 2010.

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 "FROM JEANIE'S KITCHEN, LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2010.

4783798 8300

100094710

at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

DATE: 02-02-10

(((H10000024596 3)))