# M1000000229/

(Requestor's Name)					
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<u>_</u>					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(atomos Emily Marrie)					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
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Office Use Only



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TO MAY LO AM 11: 16

S. HAWKES

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**EXAMINER** 

S. HAWKES

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**EXAMINER** 

S. HAWKES

**EXAMINER** 

124-19113



May 7, 2010

BENJAMIN KITABAYASHI 287 SPRING STREET NEW YORK, NY 10013

SUBJECT: SNUGGA, LLC Ref. Number: W10000019143

We have received your document for SNUGGA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please complete number 9 with the name of the MGRM.

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) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 410A00011583



April 20, 2010

BENJAMIN KITABAYASHI 287 SPRING STREET NEW YORK, NY 10013

SUBJECT: SNUGGA, LLC Ref. Number: W10000019143

We have received your document for SNUGGA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6955.

Letter Number: 710A00009690

Suzanne Hawkes Regulatory Specialist II

www.sunbiz.org

#### **COVER LETTER**

	stration Section sion of Corporations					
SUBJECT:						
	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:					
	BENJAMIN KITABAYASHI, PARALEGAL					
	Name of Person					
	FRIDMAN LAW GROUP, PLLC					
	Firm/Company					
287 SPRING STREET						
Address						
NEW YORK, NY 10013						
City/State and Zip Code						
	ben@ifridman.com					
	E-mail address: (to be used for future annual report notification)					
For further in	formation concerning this matter, please call:					
***	BENJAMIN KITABAYASHI at ( 212 ) 620-0935  Name of Person Area Code & Daytime Telephone Number					
	, · ·					
<u>MA</u> Divi	ILING ADDRESS: STREET ADDRESS: sion of Corporations Division of Corporations					
Reg	stration Section Registration Section					
	Box 6327 Cliffon Building thassee, FL 32314 2661 Executive Center Circle					
	Tallahassee, FL 32301					
Enclosed is	a check for the following amount:					
✓s	25.00 Filing Fee \$\int \text{\$\subset\$130,00 Filing Fee & }\int \text{\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$ Certificate of Status \$\int \text{Certified Copy}\$ of Status & Certified Copy					

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

	SNUGGA, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company)			The
	(Name of Foreign Limited Liability Company; must include	"Limited Liability Com	pany," "L.L.C.," or LLC	
nsen	me unavailable, enter alternate name adopted for the purpose nt of the managers or managing members adopting the alternation," "L.L.C," "LLC.")	of transacting business i ate name. The alternate n	n Florida and attach a con ame must include "Limit	py of the led Liabili
(Juri com	DELAWARE 3. risdiction under the law of which foreign limited liability opany is organized)	27-23 3 (FEI num	779 ber, if applicable)	
	04/07/2010 5. (Date of Organization)	PE	RPETUAL	
_	(Date of Organization)	(Duration: Year limite exist or "perpetual")	RPETUAL d liability company will o	cease to
PF	ENDING QUALIFICATION IN THE STATE OF			
· <u></u>	(Date first transacted business in Floric (See sections 608.501 & 608.502 F.S. to	da, if prior to registration determine penalty liabil	ity)	
47	732 FALLING ACORN CIRCLE			
LA	AKE MARY, FL 32746 (Street Address of	Principal Office		
. If l	limited liability company is a manager-managed co	ompany, check here		
. The	ne name and usual business addresses of the manag	ing members or man	agers are as follows:	•
47	732 FALLING ACORN CIRCLE 3/0 MR	MICK FIL	IV	
<u>-;·</u>	TO THE PROPERTY OF THE PROPERT	. 11104- 1110	<u> </u>	
_				
LA	AKE MARY, FL 32746			
0 4				
U. Atta e iunis	tached is an original certificate of existence, no more than 90 day scliction under the law of which it is organized. (A photocopy is	's old, duly authenticated b s not acceptable. If the cert	y the official having custo	xdy of reco
enslatio	tion of the certificate under eath of the translator must be submitted	red.)	meancisin a loreign langi	uago, a
1 NI.	Internal of the control of the contr	. 1	ANIMATION	1
I. IN	lature of business or purposes to be conducted or pa	romoted in Florida:	ANIIVIATION	
	CHILDREN'S FILM, ANIMATED FEATURES	S, TOY DESIGN, AN	ID GLOBAL LICENS	SING
	$\lambda_{\alpha}$	4	. 15.10	
	Signature of a member or an author	orized representative		
		the execution of this docum		

BENJAMIN KITABAYASHI, AUTH. REPRESENTATIVE
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:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SNUGGA, LLC	<b>1</b>
If unavailable, the alternate to be used in the state of Florida is:	15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
2. The name and the Florida street address of the registered agent and office at	re:
MICK FINK	<u>.</u>
(Name)	
4732 FALLING ACORN CIRCLE	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	<del></del>
LAKE MARY, FL 32746	
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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "SNUGGA, 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 EIGHTH DAY OF APRIL, A.D. 2010.

FILED

10 MAY 19 AM II: 16

STATE ASSEE: FLORIDA

4809108 8300

100363040

AUTHENT

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7921040

DATE: 04-08-10

You may verify this certificate online at corp. delaware, gov/authver.shtml