M10000003698

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Only orate) none #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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RECEIVED

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DIVISION OF STATE OF

B. KOHR

AUG 2 0 2010

EXAMINER

10 AUG 20 PH 1: 25



ACCOUNT NO. : I2000000195

REFERENCE: 453,707 4321791

AUTHORIZATION MILLS BLENGE

COST LIMIT U:

ORDER DATE : July 21, 2010

ORDER TIME : 9:19 AM

ORDER NO. : 453707-005

CUSTOMER NO: 4321791

FOREIGN FILINGS

NAME: BUNNIES UNLIMITED, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER:

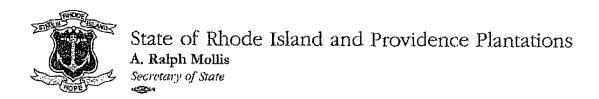
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	YITH SECTION 608				IS SUBMITT	ed to regist	ER A FOREK
IMITED LIABILITY (COMPANY TO TRAN	ISACT BUSINESS	IN THE STATE	OF FLORIDA:			', t
Bunnies Unl	limited, LLC		4	in a Jer		and on the	
(Name of For	reign Limited Liabil	ity Company; mi	ust include "Lir	nited Liability C	ompany," "I	.L.C.," or "LLC	5)
Later Heart Co.							
name unavailable	, enter alternate nan	ne adopted for th	e purpose of tra	insacting busine	ss in Florida	and attach a cor	y of the writt
isent of the mana	gers or managing me	embers adopting	the alternate na	inië. The alterna	te name mus	include "Limit	ed Linbility
mpany," "L.L.C.,	1	• • • • • • • • • • • • • • • • • • • •				19.1	
Rhode Island	with the floor of the contract	en en en		5019930		Trilliania '	1
(Jurisdiction unde	r the law of which f	oreign limited lis	ability	(FEI)	number, if ap	plicable)	
三乙酰乙烷酸酶		900 000		·脾口流角"。			
June 8		· · · · · · · · · · · · · · · · · · ·		rpetual		, .	<u> </u>
	ate of Organization)	in i della directione		uration: Year lin st or "perpetual"		company will c	ease to
			alita il puri s			:	
	(Date first ti	ranspored busine	ss in Florida if	prior to registra	tion)		
13 1 2 2 4 4 5	(See sections	ransacted busine 608,501 & 608.	502 F.S. to dete	rmine penalty li	ábility)	•	
755 East Sh	ore Road	٠.					
91: 7					- 11 Y		
Jamestown,	RI 02835				: '		·
49		(Street A	Address of Princ	ipal Office)		Maria 3	;
	4 - 1			. 11.79			
If limited liabi	ility company is a	a manager-ma	maged compa	any, check he	re	•	- 1
	• •			11.	,		•
The name and	usual business a	adresses of th	e managing i	nembers or n	nanagers ar	e as tollows:	
MGR - Gre	gory Dryer, 22	0 East 72nd	Street, Ap	t. 10E, Nev	v York, N	Y-10021	
100		- 100		14 1 P		. 1.	·
MGRM - K	im Renk, 220 l	East 72nd S	treet, Apt.	10E, New Y	ork, NY	10021	
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	Signature of	a member or	an authorize	d representati	ve of a me	mber.	
	(In accordance v	vith section 608.40	08(3), F.S., the ea	recution of this do	cument consti		
	s noitemulla na	inder the penalties	or penjury that the	te rocts stated her	ein aro true j		
	***************************************	truly 1.	Kesench				
		Typed or p	rinted 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 o	f the Limited Liability Company is:	
	lable, the alternate name to be used in the state of Flor	rida is:
2. The name a	nd the Florida street address of the registered agent an	nd office are:
	Corporation Service Company,	
	(Name)	:
	Florida Street Address (P.O. Box NOT ACCEPT.	VIIITE)
1. r ₂ :	Tallahassee FL 32301	·
	City/State/Zip	- t-y
liability compan agent and agree relating to the p obligations of m Corporation BY	med as registered agent and to accept service of process by at the place designated in this certificate, I hereby accept to act in this capacity. I further agree to comply with the roper and complete performance of my duties, and I amen't as provided for in Chapter Service Company (Signature) A set. Vice President	cept the appointment as registered the provisions of all statutes I familiar with and accept the
	\$ 100.00 Filing Fee for Applicat \$ 25.00 Designation of Registe \$ 30.00 Certified Copy (option \$ 5.00 Certificate of Status (o	ered Agent (al)



The Office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

BUNNIES UNLIMITED, LLC

a Rhode Island limited liability company, filed articles of organization in this office on the 8^{th} day of June, 2006; and

IT IS FURTHER CERTIFIED that as of this date said limited liability company is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED fifteenth day of July, A.D. 2010.

Secretary of State

ulled aullen



BUNNIES UNLIMITED, LLC

220 East 72nd Street, Apr. 10E New York, New York 10021

August 17, 2010

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

Re: Waiver of Fictitious Name

Dear Sir or Madam:

Please be advised that Bunnies Unlimited, LLC, a Florida limited liability company who's Articles of Organization were filed on December 11, 2009 (Document Number L09000117942) and Articles of Dissolution were filed on July 15, 2010 (Letter Number 810A00017230), hereby irrevocably waives any and all future rights it may have to the use of the "Bunnies Unlimited" name in the State of Florida.

Very truly yours,

Greg Dryer

Managing Member