M1000004558

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Address) | | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600186341256

10/15/10--01037--027 **125.00

TO ACKNOWLEDGE SUFFICIENCY OF FILING DIVISION OF CORPORATION

B. KOHR

OCT 1 5 2010

EXAMINER

10 OCT 15 PH 3:15

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT: KATIE WONSCH** DATE: 10/15/10 **REF. #:** 000173.134506 CORP. NAME: HK F&B SERVICES, LLC () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME (XX) FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () REINSTATEMENT () MERGER () WITHDRAWAL () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 537050 FOR \$ 125.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$____ PLEASE RETURN:

() CERTIFICATE OF GOOD STANDING

(XX) PLAIN STAMPED COPY

Examiner's Initials

() CERTIFIED COPY

() CERTIFICATE OF STATUS

100C/S

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. HK F&B Services, LLC

| (Name of Foreign Limited Liability Company; must inc | olude "Limited Liability Company," "L.L.C.," or "LLC.") |
|--|--|
| If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the al- Company," "LL.C.," "LLC.") | ose of transacting business in Florida and attach a copy of the writt ternate name. The alternate name must include "Limited Liability |
| Delaware | 3. 26-4820022 |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FRI number, if applicable) |
| 05/06/2009 | 5. Perpetual. |
| (Date of Organization) | (Duration: Year limited liability company will cease to exist or "perpetual") |
| i. | |
| (Date first transacted business in F (See sections 608,501 & 608,502 F.) | lorida, if prior to registration.) S. to determine penalty liability) |
| 10600 W. Charleston Bivd | |
| Las Vegas, NV 89135 | |
| (Street Address | s of Principal Office) |
| 3. If limited liability company is a manager-manager | d company, check here |
| . The name and usual business addresses of the ma | naging members or managers are as follows: |
| Howard Klubeck | |
| 10600 W. Charleston Blvd | |
| Las Vegas, NV 89135 | • |
| 0. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photoco ranslation of the certificate under eath of the translator must be suit |) days old, duly authenticated by the official having custody of records i py is not acceptable. If the certificate is in a foreign language, a mitted.) |
| 1. Nature of business or purposes to be conducted of | or promoted in Florida: |
| Food and Beverage Services | |
| Signature of a member or an a | utherized representative of a member. |
| - // V · | conflor of this document constitutes an affirmation under the |
| penalties of perjury that the facts stated herein are t document to the Department of State constitute | rue. I am aware that any false information submitted in a es a third degree felony as provided for in s.817.155, F.S.) |
| the waters of | 4. KWBERIC |
| Typed or printe | d 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 Compa | any is: | | |
|--|--|---|--|--|
| HK F&B Services, LLC | | | | |
| If unavailable, the alternate to be used in the state of Florida is: | | | | |
| 2. The name and | i the Florida street address o | of the registered agent and office are: | | |
| ı | NRAI Services, Inc. | | | |
| · | | (Name) | | |
| 4 | 2731 Executive Park [| · · · · · · · · · · · · · · · · · · · | | |
| | Florida Street Addı | ress (P.O. Box <u>NOT</u> ACCEPTABLE) | | |
| | Weston | FL 33331 | | |
| | | City/State/Zip | | |
| liability company agent and agree t relating to the pr | at the place designated in the to act in this capacity. I furth oper and complete performa | o accept service of process for the above stated limited also certificate, I hereby accept the appointment as registered her agree to comply with the provisions of all statutes nice of my duties, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes. | | |
| | \M | Jose Castellanos, Asst. Secretary | | |
| Z | (Signa | iture) | | |
| | \$ 100.00 | Filing Fee for Application | | |
| | \$ 25.00 \$ 30.00 | Designation of Registered Agent Certified Copy (optional) | | |
| | \$ 5.00 | Certificate of Status (ontional) | | |

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "HE FAB SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO PAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF AUGUST, A.D. 2010.

AND I DO HERBBY FURTHER CERTIFY THAT THE SAID "HK F&B SERVICES, LLC" WAS FORMED ON THE SIXTH DAY OF MAY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4684265 8300

100806541

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

AUTHENTY CATION: 8156505

DATE: 08-05-10