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TALLANASSIT, FIGRIOR

B. BOSTICK
AUG 3 1 2011
EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

	SUBJECT: Chill Rite, LLC. Name of Limited Liability Company	
	The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Flo Existence, and check are submitted to register the above referenced foreign limited liability company to transact	
	Please return all correspondence concerning this matter to the following:	
	Catherine Abraham	
	Name of Person	
	Chill Rite Mfg.	
	. Firm/Company	
	PO Box 5566	•
	Address	
	Slidell, LA_70460	
	City/State and Zip Code	
i,	general catherine@chillrite32.com	200
	E-mail address: (to be used for future annual report notification)	三 65
	For further information concerning this matter, please call:	က် <u>ကြို့</u> မ
	Catherine Abraham at (985) 641-4865	PMI2: 19
	Name of Person Area Code & Daytime Telephone Number	2: 19 2: 19 JORID
	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	ם ים מי
	Enclosed is a check for the following amount: \$\sigma\$\$ \$\sigma\$\$\$ \$	

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.	Chill Rite, LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")			
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")			
	Louisiana (Jurisdiction under the law of which foreign limited liability company is organized) 3. 27-3127542 (FEI number, if applicable)			
4.	(Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")			
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			
7.	2371 Gause Blvd. West			
	Slidell, LA 70460 (Street Address of Principal Office)			
	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: Martin Abraham III Catherine Abraham			
	PO Box 5566			
	Slidell, LA 70469			
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)			
11	. Nature of business or purposes to be conducted or promoted in Florida:			
	Sale of beverage equipment			
	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. I am aware that any false information submitted in a			

Typed or printed name of signee

Catherine D. Abraham

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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:		
Chill Rite, UC		
If unavailable, the alternate to be used in the state of Florida is: Chill Rite Manufacturing		
2. The name and the Florida street address of the registered agent and office are:		
Florida Agents, Inc (Name)	11 AU SEUN TALLA	- Caralysia
Florida Agents, Inc (Name) 21(0) Tangleword Way NE Florida Street Address (P.O. Box NOT ACCEPTABLE) St. Petersbyrg, FL 33702 City/State/Zip	IG 30 PH	Marie Control
St. Petersbyrg, FL 33702 City/State/Zip	IIZ: 19 STATE FLORIDA	Name of

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.

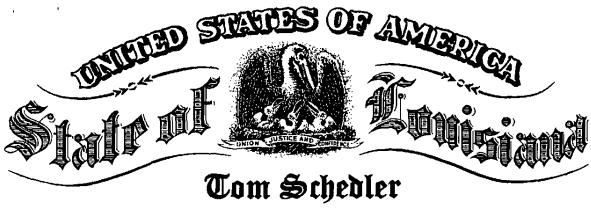
(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

CHILL RITE, L.L.C.

A limited liability company domiciled in BOGALUSA, LOUISIANA,

Filed charter and qualified to do business in this State on June 14, 2010,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 27, 2011

ANASSIE FLODENCE TARY OF STATE

Certificate ID: 10178883#D5P83

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.

www.sos.louisiana.gov

Secretary of State
Web 40228345K



July 12, 2011

CATHERINE ABRAHAM POST OFFICE BOX 5566 SLIDELL, LA 70460

SUBJECT: CHILL RITE, LLC Ref. Number: W11000036766

We have received your document for CHILL RITE, 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 111A00016594