2000002266

(Requestor's Name)
(Address)
(Address)
(10.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Outflieden of Chatan
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only





800230970928

04/25/12--01001--028 **155.00

. j.	•					
515 EAST	RECT AGENTS, INC. (for PARK AVENUE IASSEE, FL 32301	ormerly CCRS)	*			
	COVER SHEET #FCA-14					
"CONT	ACT: <u>KATIE W</u>	<u>ONSCH</u>	RAZE CERTIFICATION			
DATE:	04/24/2012					
REF.#	000409.165	<u> 491</u>				
CORP.	NAME: EUROKIT	CHEN DESIGN, LLC				
· ;						
() ARTIC	CLES OF INCORPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION			
() ANNU	AL REPORT	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME			
(XX)FO	REIGN QUALIFICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY			
() REINS		() MERGER	() WITHDRAWAL			
* () CERT	IFICATE OF CANCELLATIO)N				
(-) OTHE	R:					
STATE	E FEES PREPAID V	ит н снеск # <u>54412</u>	<u></u> FOR \$ <u>155.00</u>			
AUTH	ORIZATION FOR A	ACCOUNT IF TO BE DEBITE	ED:			
		COST LI	MIT: \$			
PLEAS	SE RETURN:					
(XX) C	ERTIFIED COPY	() CERTIFICATE OF GOOD STAN	NDING () PLAIN STAMPED COPY			
() CERTIFICATE OF STATUS						
Examin	er's Initials					

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

IN LI	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
	EuroKitchen Design, LLC
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
CO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written usent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
2.	Delaware 3. 45–5113938
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	April 23, 2012 5 Perpetual
,,	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	Upon Qualification
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	7500 N.W. 41st Street, Miami, Florida 33166
	(Street Address of Principal Office)
8.	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:
	Manager - Andre Hakkak, 7500 N.W. 41st Street, Miami, Florida 33166
	Manager - David Hackett, 7500 N.W. 41st Street, Miami, Florida 33166
	Manager - Barbara McKee, 7500 N.W. 41st Street, Miami, Florida 33166
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 relation of the certificate under eath of the translator must be submitted.)
11	Nature of business or purposes to be conducted or promoted in Florida:
	Any lawful business permitted by the laws of the State of Florida.
	And topula
	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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
	Andre Hakkak, as authorized 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 th	e Limited Liability Company is:
EuroKitchen De	sign, LLC
If unavailable, the	alternate to be used in the state of Florida is:
2. The name and	the Florida street address of the registered agent and office are:
	NRAI Services, Inc.
-	(Name)
	515 East Park Avenue
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
-	Tallahassee _{FL} 32301
_	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.

NRAI Services, Inc., as Registered Agent

Katu Would, Asst. Sec.

(Signature)

\$ 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 "EUROKITCHEN DESIGN, 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 TWENTY-THIRD DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROKITCHEN DESIGN, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF APRIL, A.D. 2012.

5144127 8300

120462222

DATE: 04-23-12

AUTHENTY CATION: 9523606