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Foreign Limited Liability Company SMAKEM TAMPA, LLC



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4/25/2012

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COVER LETTER

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CT: SMAKEM Tampa, LLC	<u></u>
	Name of Limited Liebility Company
nolosed "Application by Foreign Limit ence, and check are submitted to registe	Name of Limited Liebility Company ed Liability Company for Anthorization to Transact Business in Floridu," Certific r the above referenced foreign limited liability company to transact business in F
e return all correspondence concerning	this matter to the following:
Diana Rado	•
**************************************	Name of Person
Platinum Equity, LLC	
	Firm/Company
360 N. Crescent Dr. South I	suilding
	Address
Beverly Hills, CA 90210	
	City/State and Zip Code
mburford@platinumequity.c	•
E-mail add	ress: (to be used for future annual report notification)
ether information concerning this matte	r, please call:
Diane Rado	at (310) 228-9712
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations
Registration Section	Registration Section
N A N (2007	Cliffon Building
P.O. Box 6327 Tallahassoo, FL 32314	2661 Executive Center Cirole

#LDS? - 14445/2010 C Y System Delica

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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. SMAKEM Tampa, LLC	
(Name of Poreign Limited Liability Company; must include	le "Limited Liability Company," "L.L.C.," or "LLC.")
consent of the managers or managing members adopting the alter Company," "L.L.C," "L.L.C.")	e of transacting business in Plorida and attach a copy of the written nate name. The alternate name must include "Limited Liability
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	(PBI number, if applicable)
	Perpetual 20
(Date of Organization)	Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") ida, if prior to registration.) to determine penalty liability)
6, Upon filing	
(Date first transacted business in Flor (See scotions 608.501 & 608.502 F.S. t	ida, if prior to registration.) to determine penalty liability)
7. 360 N. Crescent Dr. South Building Beverly Hills, CA 90210	ي ب
<u> </u>	مر
(Street Address o	(Principal Office)
8. If limited liability company is a manager-managed of	ompany, check here
The name and usual business addresses of the mana	ging members or managers are as follows:
Eva M. Kalawski - 360 N. Crescent Dr. South Building Bever	ly Hills, CA 90210
Mary Ann Sigler- 360 N. Cruscent Dr. South Bullding Beverl	y Hills, CA 90210
10. Attached is an original certificate of existence, no more than 90 da the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be submit 11. Nature of business or purposes to be conducted or p	is not acceptable. If the certificate is in a foreign language, a tited.)
Hospitality, food and boverage industry.	•
a cocopering all	
	orized representative of a member.
(In accordance with Section 608.408(3), F.S., the execut	ion of this document constitutes an affirmation under the 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, P.S.)
Eva M. Kalawaki	* ****
Typed or printed r	ame of signee

FL057 - 10/05/2010 C T Pysion Quiles

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 Liabili	ty Company is:					
SMAKEM Tampa, LLC							
If unavailable	, the alternate to be us	sed in the state of Florida is:					
2. The name	and the Florida street	address of the registered agent and office are:					
	C T Corporation System	n					
	1200 South Pine Island						
	_						
les hermannen une d'étal des léments	Plantation	PL 33324					
		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.

CT Corporation System.

By: (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

PL017 - 10/01/2019 C T System Callina

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SMAKEN TAMPA, 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-FOURTH DAY OF APRIL, A.D. 2012.

5138334 8300

120470323

You may varify this cartificate online at corp. delaware.gov/authver.shtml

AUTHENTY CATION: 9527161

DATE: 04-24-12

04\52\50IS Id:23 8666336092