# M12000003-179

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SECRETARY OF STATE

#### **COVER LETTER**

· SUBJECT:	FEED EM F	ast LLC
SOBJECT.		Name of Limited Liability Company
		Liability Company for Authorization to Transact Business in Florida," Certificate the above referenced foreign limited liability company to transact business in Florida.
Please return all c	correspondence concerning this	is matter to the following:
	Scott r	M:LLER
<del>-</del>		Name of Person
	FEED 'E	Firm/Company
_	•	Firm/Company
	840 w	Washington
_		Washington Address
	Chicago IL	City/State and Zip Code
	•	
	FEECMFASTER	
_	E-mail addres	ess: (to be used for future annual report notification)
For further inform	nation concerning this matter, p	please call:
S	ott MILLER	at (847 ) 630 - 8401
<del></del>	Name of Person	Area Code & Daytime Telephone Number
	VG ADDRESS:	STREET ADDRESS:
	of Corporations tion Section	Division of Corporations Registration Section
P.O. Box	c 6327	Clifton Building
ranass	see, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a c	heck for the following am	
\$125.00	Filing Fee \$\infty\$130.00 Filing	

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

	IPLIANCE WITH SECTION 608.503, FLORID. DLIABILITY COMPANY TO TRANSACT BUSINE			SUBMITTE	ED TO REGISTE	R A FOREIGN
1. —()	FEEC LA Fast 1 Name of Foreign Limited Liability Company;	must include "Lir	mited Liability Com	pany," "L	L.C.," or "LLC.	")
	FAF LL	C				
Company	unavailable, enter alternate name adopted for of the managers or managing members adopting," "L.L.C," "LLC.")	ing the alternate na	ame. The alternate n	ame must	include "Limited	of the written I Liability
2.	DELawkee  diction under the law of which foreign limited	3.	45-53	w5211		
compa	any is organized)					
4	5/17/12 (Date of Organization)	5	PERPetra	<u></u>		
	(Date of Organization)	(D ex	PEPPCKA uration: Year limite ist or "perpetual")	d liability (	company will ce	ase to
6	(Date first transacted bus	inger in Florida id	Tanian ta madatuation			
	(See sections 608.501 & 60	08.502 F.S. to dete	ermine penalty liabil	ity)		
7	5911					<del></del>
	840 W Wash (Stree	ing low				
	(Stree	Address of Princ	cipai Office)			
8. If lir	mited liability company is a manager-	managed comp	any, check here			
0 (77)		0.4	•		C 11	·
	name and usual business addresses of			_		
	XOTT MILLER 9774	GladES Rd	SUHE A-1	Boo	a Rater 1	<u> </u>
F	GCOTT MILLER 9774 PETE BRUCE 840 W	Was Was h	Suite A-1	IL	60607	·
				[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		<i>:</i> ₹ 
the jurisdi translation	ched is an original certificate of existence, no mo iction under the law of which it is organized. (A n of the certificate under oath of the translator m	A photocopy is not a nust be submitted.)	acceptable. If the cer	tificate is in	a foreign langu	age, a
11. Na	ture of business or purposes to be con-	ducted or prom	oted in Florida:	<u> </u>	-1	
		// -			AK K	· · · · · ·
		7		_		auden.
	Signature of a member		-		$\omega \sim 0$	2000
	(In accordance with section 608.408(3), F. penalties of perjury that the facts stated h					i in
	document to the Department of State	constitutes a third				
	3/4//	MILLER			%≅ "	
		or printed name	of signee		ATE ORIDA	

## 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:

F	EEC 'EM Fast LLC
If unavailable, the	alternate to be used in the state of Florida is:
	FMF LLC
2. The name and	the Florida street address of the registered agent and office are:
	Scott MILLER
	(Name)
	9774 Glades Road Suite A-1 Boxa Raton Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
_	FL /3'3434 City/State/Zip
	City/State/Zip
liability company a agent and agree to relating to the prop	d as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered act in this capacity. I further agree to comply with the provisions of all statutes er and complete performance of my duties, and I am familiar with and accept the osition as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

Filing Fee for Application

\$ 30.00 Certified Copy (optional)

**Designation of Registered Agent** 

**Certificate of Status (optional)** 

\$ 100.00

\$ 25.00

5.00



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#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FEED 'EM FAST 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 FOURTH DAY OF JUNE, A.D. 2012.

5156293 8300

120700736

AUTHENTY CATION: 9616832

DATE: 06-04-12

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