M1200004615

(Decuested None)
(Requestor's Name)
(Address)
(Address)
(ladicas)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
W12-41838 (Document Number)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Need RA Signature

Office Use Only

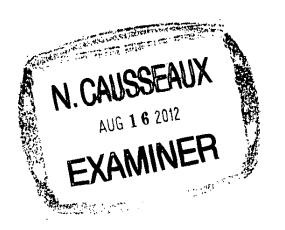
Called 8/14/12
left message
RA must sign



300238111743 MIZ-4615

08/06/12--01020--010 **125.00

12 AUG -6 AM 9: 34
SECINE FACTOR STATE
AND AND SEE, FLORID



COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	Pampas West Palm Beach LLC	
SC DOLLC !		ame of Limited Liability Company
		ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.
Please retu	irn all correspondence concerning this it	natter to the following:
	Philip Kim	
		Name of Person
	Pampas West Palm Beach LLC	
		Firm/Company
	2844 Livernois #1852	
		Address
	Troy/MI 48099	
		City/State and Zip Code
	administration@pampasusa.com	
	E-mail address:	(to be used for future annual report notification)
For further	r information concerning this matter, ple	ase call:
Ph	nilip Kim	at (248) 761 1542
_	Name of Person	Area Code & Daytime Telephone Number
D R P.	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	l is a check for the following amo 125.00 Filing Fee \$130.00 Filing F Certificate of St	unt: Fee & \$\int\\$\$155.00 Filing Fee & \$\int\\$\$160.00 Filing Fee, Certificate atus Certified Copy

7

APPEICATION 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:

(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the al Company," "L.L.C," "LLC.")	terr	ate name. The alternate name must include "Limited Lial	
2. Michigan (Jurisdiction under the law of which foreign limited liability)	3.	45-5174912 (FEI number, if applicable)	
company is organized)		(i El nambel, ii applicable)	
4. 5/2/2012	5.	PERPETUAL	
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	outer for g
6. (Date first transacted business in F (See sections 608.501 & 608.502 F.	lor S. t	ida, if prior to registration.) o determine penalty liability)	Mary States
7. 2844 Livernois #1852			(د را مسرو ــــ
Troy, MI 48099	S 0	المجالات ال)
8. If limited liability company is a manager-manage 9. The name and usual business addresses of the ma	d c	ompany, check here 🔀	
Philip Kim 2844 Livernois #1852 Troy, MI 48099			_
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocotranslation of the certificate under oath of the translator must be sult 11. Nature of business or purposes to be conducted	py bmi	is not acceptable. If the certificate is in a foreign language, a tted.)	
Restaurant			

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.)

Philip Kim

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	the Limited Liability Co.	mpany is:	
Pampas West Palm	Beach LLC		·
If unavailable, th	ne alternate to be used in	the state of Florida is:	
2. The name and	I the Florida street addre	ss of the registered agent and office are:	
, (CT Corporation System	(Name)	IZ AI SECI TALL
· 1	200 South Pine Island Road		AUG -
-	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	SEE, F
	Plantation	FL 33324	
•		City/State/Zip	34 ATE RIDA
			and a fifth book

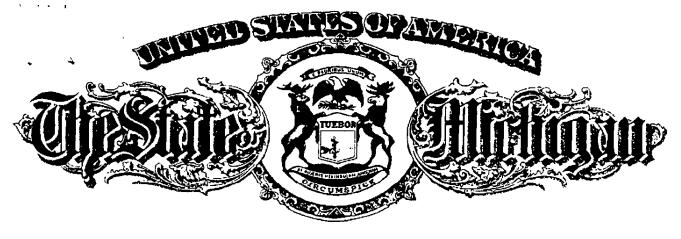
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

By: One System

By: Sheard, 185; faut Sewetary

(Signature)

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



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

PAMPAS WEST PALM BEACH, LLC

was validly organized on May 2, 2012 as a Limited Liability Company. Said Limited

Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States

CAN SERVED

Sent by Facsimile Transmission 1083244 In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 31st day of July, 2012

Bureau of Commercial Services