m/3000005017

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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AUG 1 2 2013
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800248173088

ALLAINS SECTLORING

DEPARTMENT OF STATE

W13-37239



ACCOUNT NO. : 12000000195
REFERENCE : 700796 7211086
AUTHORIZATION: Sprelle Ren
COST LIMIT : \$ 125.00
ORDER DATE : June 24, 2013
ORDER TIME : 2:23 PM
ORDER NO. : 700796-010
CUSTOMER NO: 7211086
·
FOREIGN FILINGS
NAME: CUPS, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight EXT# 52956
EXAMINER:

700796-10



RECEIVED

13 AUG -9 PH 1: 49

AVISION OF CONTRE ATIONS

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2013

CSC SUSIE KNIGHT TALLAHASSEE, FL

SUBJECT: CUPS, LLC

Ref. Number: W13000037239

RESUBMIT

Please give original submission date as file date.

We have received your document for 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 name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC".

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) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 613A00016168

www.sunbiz.org

Division of Comparations DO ROY 6327 Tallahasson Florida 32314

COVER LETTER

SUBJECT:	CUPS, LLC			
		Name of Limited Liability Company		
The enclosed 'Existence, and	"Application by Foreign Limited I I check are submitted to register if	Liability Company for Authorization to Transact Business in Florida to above referenced foreign limited liability company to transact bus	a," Certific siness in F	rate of lorida
Please return a	all correspondence concerning this	s matter to the following:		
	TIFFANY SEBETH			201
		Name of Person	T (-)	^{ડા} ~
	CUPS, LLC			£
		Firm/Company		THE EU
	78 OKNER PARKWAY		Per l	ت مِي
		Address		eg.
	LIVINGSTON, NJ 07039		•	
		City/State and Zip Code	-	
	TSEBETH@BRIAD.CO	М		
	E-mail addres	s: (to be used for future annual report notification)	_	
For further info	ormation concerning this matter, p	please call:		
TIFF	ANY SEBETH	at (973) 597-6433 X1178 Area Code & Daytime Telephone Number		
	Name of Person	Area Code & Daytime Telephone Number	_	
Divisi Regisi P.O. I	LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	a check for the following am 00 Filing Fee \$130.00 Filing Certificate of	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certific		

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; CUPS, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") Cups Frozen Yogurt, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.") 2 NEVADA (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4/8/2011 5 PERPETUAL (Date of Organization) (Duration: Year limited liability company will cease to exist or "perperual") 6 N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 78 OKNER PARKWAY LIVINGSTON, NJ 07039 (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: BRADFORD HONIGFELD, MANAGING MEMBER. 78 OKNER PARKWAY, LIVINGSTON, NJ 07039 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: TO HOLD CUPS **ENTITIES** 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.)

Typed or printed name of signee

BRADFORD HONIGFELD

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that v	we are the Managers and/or Man	aging
Members of		
	Lizbīlity Company)	
a limited liability company duly organized a	nd existing under the laws of	22 114
Nevada		
(State or Country of Organization)	_	First First
Because the name of this foreign limited liab	rility company does not satisfy th	10 P.S.
requirements of the s. 608.406, F.S., the limi	ted liability company hereby add	opts the
following name to transact business in the sta	ate of Florida:	
Cups Frozen Yogurt, LLC		
(Name to be used by limited liability company in Florida.) Company, L.L.C., or LLC.) Date: Signature(s) of Manager(s) and/or Managing		
Bradford Honigfeld	,	
E-MANUEL -		

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.

	ompany is:			
CUPS, LLC				
If unavailable, the alternate to be used in	the state of Florida is:			
Cups Frozen Yogurt, LLC				
7. The manual of the Florida street odding	ess of the registered agent and office are:			
2. The harne and the Florida street audit	ess of the registered agent and office are.			
Corporation Service Cor	mpany			
	(Name)			
1201 Hays Street				
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.

Corporation Service Company

Sue G. Knight
(Signature) Assistant Vice President

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





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, CUPS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 8, 2011, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20130624-3334
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 24, 2013.

ROSS MILLER Secretary of State