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(Requestor's Name)
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(Business Entity Name)
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SECRETARY OF STATE

SEP 1 6 2013 T CLINE

COVER LETTER

	istration Section ision of Corporations				
SUBJECT:	A+ New York Restaurant	• •			
SUBJECT.	Name of Limited Liability Company				
	"Application by Foreign Limited d check are submitted to register t				
Please return	all correspondence concerning thi	s matter to the following:			
	Metin Adanir				
		Name of Person	, ,,,,		
	A+ New York Restaura	ant Equipment, LLC			
	Firm/Company				
	13275 Northeast 16th Avenue				
Address					
	North Miami, FL 3316	ı		ZOR SEP	
		City/State and Zip Co	de	ETANN MINSSI	At per con
	matt@aplusrestaurantsupply.com				
	E-mail addre	ss: (to be used for future annu	ual report notification)		
For further in	formation concerning this matter,	please call:		AH jj: 04 IF STATE .FLBRIDA	, **** **,
Th	omas Shumate	615 at (742-4800	₹m ∓	
	Name of Person		me Telephone Number		
Divi Regi P.O.	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314	STREET ADDRESS: Division of Corporation Registration Section Clifton Building 2661 Executive Center Tallahassee, FL 32301	r Circle		
	_	mount: Filing Fee & \$155.00 F te of Status Certified		Filing Fee, Certificate s & Certified Copy	;

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

(Name of Poleigh Limited Diability Company, min	nust include "Limited Liability Company," "L.L.C.," or "LLC.")
	he purpose of transacting business in Florida and attach a copy of the wrighter the alternate name. The alternate name must include "Limited Liability"
ennessee	3 27-3901011
furisdiction under the law of which foreign limited lial ompany is organized)	ability 3. 27-3901011 (FEI number, if applicable)
November 8, 2010	perpetual 5.
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
Not applicable	exist of perpetual)
(Date first transacted busines	ess in Florida, if prior to registration.) .502 F.S. to determine penalty liability)
13275 Northeast 16th Avenue, North Mia	
(Stungt A	Address of Principal Office)
If limited liability company is a manager-man The name and usual business addresses of the Metin Adanir and Erman Adanir	anaged company, check here here he managing members or managers are as follows:
13275 Northeast 16th Avenue, North Mi	Miami, FL 33161
urisdiction under the law of which it is organized. (A p slation of the certificate under oath of the translator mus	e than 90 days old, duly authenticated by the official having custody of recording photocopy is not acceptable. If the certificate is in a foreign language, a sust be submitted.) sale of kitchen products ucted or promoted in Florida:
Tractic of business of purposes to be conduct	
	or an authorized representative of a member.

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.

The name of the Limited Liability Company is: A+ New York Restaurant Equipment, 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:	2013 SEP SEGNETA TALLAHA			
Metin Adanir	P 13			
(Name)				
13275 Northeast 16th Avenue	FLORIDA BLUSTATE BLUSTATE			
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
North Miami 33161				
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.

(Signature)

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



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

Kay Griffin Enkema & Brothers PLLC

September 4, 2013

SUITE 340M 222 SECOND AVE NORTH NASHVILLE, TN 37201

Request Type: Certificate of Existence/Authorization

Request #:

0107418

Issuance Date: 09/04/2013

Copies Requested:

Document Receipt

Receipt #: 1145373

Filing Fee:

\$20.00

Payment-Check/MO - Kay Griffin Enkema & Brothers PLLC, NASHVILLE, TN

\$20.00

Regarding:

A+ NEWYORK RESTAURANT EQUIPMENT LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 11/08/2010

Status: **Duration Term:** Active Perpetual

Business County: DAVIDSON COUNTY

Control #:

644007

Date Formed:

11/08/2010

Formation Locale: TENNESSEE

Verification #: 004195925

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

A+ NEWYORK RESTAURANT EQUIPMENT LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * is delinquent in the payment of one or more of the fees, taxes or penalties owed to the State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of this business.
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Robert Graves

Phone 615-741-6488 * Fax (615) 741-7310 * Website: http://tnbear.tn.gov/