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T. BROWN

CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE	rmerly CCRS)	4	
FILING COVER ACCT. #FCA-23	SHEET			
CONTACT:	Kim Weidenbach			
DATE:	01/27/14			
REF. #:	9031273			
CORP. NAME:	GLUCKLI	CH, LLC		
() ARTICLES OF INCO () ANNUAL REPORT () FOREIGN QUALIFI () REINSTATEMENT () CERTIFICATE OF O () OTHER:	CATION	() ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK () LIMITED PARTNERSHIP () MERGER	() ARTICLES OF DISSOLUTION () FICTITIOUS NAME (XX) LIMITED LIABILITY () WITHDRAWAL	
		TH CHECK# 7001319 CCOUNT IF TO BE DEBITE		
	COST LIMIT: \$			
PLEASE RETUI				
) CERTIFICATE OF GOOD STANDING	G (XX) PLAIN STAMPED COPY	
() CERTIFICATE OF	F STATUS			

Examiner's Initials

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: [A Glucklich, LLC, a Delaware limited liability company] [Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A SECTION FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Glucklich, LLC, a Delaware limited liability company (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C," or "LLC.") 2. Delaware 3.
(Jurisdiction under the law of which foreign limited liability company is organized) (Fill number, if applicable)
(Date first transacted business in Plorida, If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5611 Bayshore Road
Palmetto, Florida 34221
(Street Address of Principal Office) 6. PO Box 1568
Sunset Beach, California 90742
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Tonia Sonju, President of Compton AFCOM, Inc., Manager
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official naving 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
musi be submitted) Jonia Sonju
Signature of an authorized person In accordance with specien 605.0203, P.S., the execution of this document constitutes an affirmation under the penalties of porjury that the facts stated herein are true. I me aware that any falso information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817,155, P.S.)
Tonia Sonju, President of Compton AFCOM, Inc., Manager

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability Company is: h, LLC, a Delaware limited liability company	
If unavailable,	the alternate to be used in the state of Florida is:	
2. The name a	and the Florida street address of the registered agent and office are:	
	Juan C. Villaveces, Esq.	
	(Name)	
	240 S. Pineapple Ave., 9th Floor	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Sarasota, Florida 34236	

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 605, Florida Statutes.

City/State/Zip

(Signature)

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

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "GLUCKLICH, 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-SEVENTH DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLUCKLICH, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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140094257

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 1087799

DATE: 01-27-14

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