M140000002096

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
. Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
WI-1-3	5035	

Office Use Only



200255296352

03/28/14--01019--005 **777.50

01/10/14--01009--011 **125.00

B. BOSTICK

MAR 28 2014

EXAMINER

TO: **Registration Section Division of Corporations**

Applebees Florida, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all	correspondence concerning this ma	atter to the following:		
	Ellen R. Itzler, E	·		
		Name of Person		1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	Itzler & Itzler, P	.A.		
		Firm/Company		
	1421 SE 4th Av	venue, Suite A	4	
		Address		
	Fort Lauderdale	e, FL 33316		
		City/State and Zip Code		
	eri@itzler.com			
	E-mail address	: (to be used for future annual re	port notification)	
For further infor	mation concerning this matter, plea	ase call:	•	
Elle	en Itzler	_{at (} 954	764-8225	
	Name of Contact Person	Area Code	Daytime Telephone Number	
Divisio Registr	ING ADDRESS: on of Corporations ration Section ox 6327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building		:

MAILI Division Registra P.O. Bo Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

ame unavailable, enter alternate name adopted fo	or the purpose of transacting business in Florida	a. The alternate name must include "Limited
New York	_{3.} 46-1254547	•
urisdiction under the law of which foreign limite company is organized)	d liability (FEI	number, if applicable)
November 8, 2012	·	
(Date first tran. (See sections 605.	sacted business in Florida, if prior to registration 0904 & 605.0905, F.S. to determine penalty li	on.) ability)
636 Broadway, #820		
New York, NY 10012		
	(Street Address of Principal Office)	
336 Broadway, #820		
New York, NY 10012		. S
 	(Mailing Address)	
The name, title or capacity and addr Rabert Haskell	ess of the person(s) who has/have a Managing Med	nuthority to manage is/are:
capacity to 1	140468-	
636 Badway	#820 NYC	NY 10012
Attached is an original certificate of eing custody of records in the jurisdiceptable. If the certificate is in a foreign to be submitted)	tion under the law of which it is or	ganized. (A photocopy is not
R al an	t Haskell	

Typed or printed name of signee

Robert Haskell

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.

1.	The name	of the	Limited	Liability	Company	y is:
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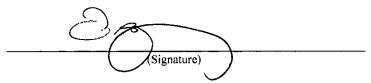
Applebees Florida, LLC

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:

Itzler & Itzler, P.A.			C.3
	(Name)		: :
1421 SE 4th Avenue, Suite A			, 11 , 2 marin marin
Florida Street Address (P.O. Box NOT ACCEPTABLE)			TÜ 13
Fort Lauderdale	_{FL} 33316		(3) (3) (3)
	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 605, Florida Statutes.



\$ 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 New York Department of State } ss

I hereby certify, that APPLEBEES FLORIDA, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/23/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 11th day of December two thousand and thirteen.

Courting Scardina

Executive Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2014

ELLEN R. ITZLER, ESQ. 1421 SE 4TH AVENUE SUITE A FT. LAUDERDALE, FL 33316

SUBJECT: APPLEBEES FLORIDA, LLC

Ref. Number: W14000003035

We have received your document for APPLEBES FLORIDA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$777.50.

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 714A00001067



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 7, 2014

ELLEN R. ITZLER, ESQ. 1421 SE 4TH AVENUE SUITE A FT. LAUDERDALE, FL 33316

SUBJECT: APPLEBEES FLORIDA, LLC

Ref. Number: W14000003035

We have received your document for APPLEBES FLORIDA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$777.50.

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 014A00002857