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DIVISION OF CORPORATIONS

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Little Daddy's, 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 matter to the following:
Jeffrey T. Lancaster
Name of Person
Little Daddy's, LLC
Firm/Company
P.O. Box 1472
Address
Mooresville, NC 28117
City/State and Zip Code
info@lancasters-bbq.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeff Lancaster704663-3831
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Pi\$ \$125.00 Filing Fee \$\Pi\$ \$130.00 Filing Fee & \$\Pi\$ \$155.00 Filing Fee & \$\Pi\$ \$160.00 Filing Fee, Certificate Copy \$\Pi\$ \$155.00 Filing Fee & \$\Pi\$ \$160.00 Filing Fee, Certificate 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:

1. Little Daddy's, LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must includ Liability Company," "L.L.C," or "L.L.C.")	e "Limi	ted
2. North Carolina 3.		
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)		
4. (Date first transacted business in Florida, if prior to registration.)		
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		9
5. 1162 River Highway		335 335 335
Mooresville, North Carolina 28117	14 APR -	ON OF
(Street Address of Principal Office) 6. Post Office Box 1472	7 AMILI: OS	CUSEO SACT
Mooresville, North Carolina 28117	=	
(Mailing Address)	-	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are		
	ı	
Jeffrey T. Lancaster, Member/Manager		
Post Office Box 1472		
Mooresville, North Carolina 28117	_	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by th having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this accument constitutes an affirmation under the penalties of perjury that the facts stat 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.817.15:	not transl	ator
Jeffrey T. Lancaster		
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.

	the Limited Liability	Company is:		
If unavailable, t	he alternate to be used	d in the state of Florida is:		
2. The name an	d the Florida street ac	ddress of the registered agent and office are:		
Jeffrey T. Lancaster				
		(Name)		
2950 US Highway 1, L43 Florida Street Address (P.O. Box NOT ACCEPTABLE)				
		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.

(Signature)

\$ 100.00

Filing Fee for Application

\$ 25.00

Designation of Registered Agent

\$ 30.00

Certified Copy (optional)

\$ 5.00

Certificate of Status (optional)

DIVISION OF CARFORATION



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

LITTLE DADDY'S, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 24th day of February, 2004, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official scal at the City of Raleigh, this 26th day of February, 2014.

Elaine I. Marshall

Secretary of State

Certification# 95024866-1 Reference# 11836487- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification