# M14000003596

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PICK-UP WAIT MAIL				
(Business Entity Name)				
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ACCOUNT NO. : 12000000195
REFERENCE : 146370 7875027
AUTHORIZATION :
COST LIMIT : \$ 125.00
ORDER DATE: May 22, 2014
ORDER TIME : 1:54 PM
ORDER NO. : 146370-010
CUSTOMER NO: 7875027
FOREIGN FILINGS
NAME: BLUE COAST BAKERS, LLC
XXXX QUALIFICATION (TYPE: LL)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Emily Gray EXT# 62925
EXAMINER:

### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SURT	Blue Coast Bakers, LLC ECT:				
oca,		of Limited Liability Company			
	nclosed "Application by Foreign Limited Liabil ence, and check are submitted to register the abo				
Please	return all correspondence concerning this matter	er to the following:			
	David Lu				
		Name of Person			
		Firm/Company			
	8500 Leesburg Pike Suite 7000				
		Address			
	Vienna VA 22182				
City/State and Zip Code					
	davidzlu@gmail.com				
	E-mail address: (t	o be used for future annual report notif	fication)		
For fur	rther information concerning this matter, please	call:			
Dag Wilkinson		949 388	5002		
	Name of Contact Person		Daytime Telephone Number		
	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			
Enclo	osed is a check for the following amount  \$\Begin{array}{l} \$125.00 \text{ Filing Fee} & \Boxed \$\$130.00 \text{ Filing Fee} \\ & \text{Certificate of Si} \end{array}	Fee & \$155.00 Filing Fee &	□ \$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 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Blue Coast Bakers, 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 include "Limited Liability Company," "L.L.C," or "LLC.") California (Jurisdiction under the law of which foreign limited liability company is organized) N/A (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1899 North US Highway 1 Ormond Beach FL 32174 (Street Address of Principal Office) same 6. (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: David Z. Lu, Ardeshir Asassan, Managers 8500 Leesburg Pike Suite 7000 Vienna VA 22182 8. 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) Signature of an authorized person (In accordance with section 605.0203, 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.) Dag Wilkinson 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.

If unavaila	ble, the alternate to be used in	the state of Florida is:		
2. The nar	ne and the Florida street addre	ess of the registered agent and office are	e:	
Corporation Service Company				
	(Name)			
	1201 Hays Street		15 21 15 36 1	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	ST. 32301		
		City/State/Zip	<del></del>	
liability con registered a statutes rel	mpany at the place designated agent and agree to act in this c ating to the proper and comple	and to accept service of process for the action this certificate, I hereby accept the appropriate. I further agree to comply with eate performance of my duties, and I am for egistered agent as provided for in Chapte Harry Bany	opointment as the provisions of all amiliar with and ter 605, Florida	

**Designation of Registered Agent** 

Certified Copy (optional)
Certificate of Status (optional)

\$ 25.00 \$ 30.00

5.00

### State of California

### Secretary of State

#### **CERTIFICATE OF STATUS**

ENTITY NAME: BLUE COAST BAKERS, LLC

**FILE NUMBER:** 

201329610060

**FORMATION DATE:** 

10/21/2013

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

**CALIFORNIA** 

STATUS:

**ACTIVE (GOOD STANDING)** 

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 23, 2014.

> DEBRA BOWEN Secretary of State