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BERRY BON BON FLORIDA LLC

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section Division of Corporation			
	Berry Bor			

Bon Bon Florida LLC

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:	7 S
Daniel Weiner	ŽIJIA OČT 28 SECREJIVIN KALLAHASSI
Name of Person	
Berry Bon Bon Florida LLC	SEE PE SEE SEE SEE SEE SEE SEE SEE SEE SEE SEE SEE
Firm/Company	7.6
147 Trailside Way	三
Address	
Ashland, MA 01721	
City/State and Zip Code	
galacruise@aol.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Daniel Weiner 508 881-8242	
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	
	iling Fee, Certificate & Certified Copy

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

	"Cimited Hability Company," "L.L.C.," or "L.C."	_
name unavailable, onter alternate name adopted for the purpose of tran bility Company," "L.L.C." or "LLC.")	sacting business in Florida. The atternate name must include "L	imited
Delaware		
furisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	en en
))
(Date first transacted business in Fk (See sections 605.0904 & 605.0905, F.	rida, if prior to registration.) S. to determine penalty hability)	
147 Trailside Way		자 국
Ashland, MA 01721		(선 기)
(Street Address of	Principal Office)	
Ashland, MA 01721		
	(ddress)	_
(Mailing a	•	
	(s) who has/have authority to manage is/are:	
The name, title or capacity and address of the person		
The name, title or capacity and address of the person aniel Weiner, Member, 147 Trailsid	e Way, Ashland, MA 01721	
The name, title or capacity and address of the person	e Way, Ashland, MA 01721	
The name, title or capacity and address of the person aniel Weiner, Member, 147 Trailsid	e Way, Ashland, MA 01721	 ,
The name, title or capacity and address of the person aniel Weiner, Member, 147 Trailsidene Weiner, Member, 147 Trailside	e Way, Ashland, MA 01721 Way, Ashland, MA 01721	 Ticial
The name, title or capacity and address of the person aniel Weiner, Member, 147 Trailside the Weiner, Member, 147 Trailside that the land	e Way, Ashland, MA 01721 Way, Ashland, MA 01721 re than 90 days old, duly authenticated by the of w of which it is organized. (A photocopy is not	
The name, title or capacity and address of the person aniel Weiner, Member, 147 Trailside the Weiner, Member, 147 Trailside that the Weiner, Member, 147 Trailside attached is an original certificate of existence, no moring custody of records in the jurisdiction under the lamptable. If the certificate is in a foreign language, a trails and the person to the person	e Way, Ashland, MA 01721 Way, Ashland, MA 01721 re than 90 days old, duly authenticated by the of w of which it is organized. (A photocopy is not	
The name, title or capacity and address of the person aniel Weiner, Member, 147 Trailside the Weiner, Member, 147 Trailside the Weiner, Member, 147 Trailside attached is an original certificate of existence, no moring custody of records in the jurisdiction under the latest contents.	e Way, Ashland, MA 01721 Way, Ashland, MA 01721 re than 90 days old, duly authenticated by the of w of which it is organized. (A photocopy is not	

Typed or printed name of signce

Daniel Weiner

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	v ie
ι.	THE Hallie	OI HIE	Lillinga	LIAVIIII	y Compani	V 15.

Berry Bon Bon Florida LLC

If unavailable, the alternate to be used in the	ne state of Florida is:	TABLAI SECRE	2014 OC
2. The name and the Florida street address	s of the registered agent and office are:	WASSEE.	128
Paracorp Incor	porated		圣》
-	(Name)		13
155 Office Plaz	za Drive, 1st Floor	-1	
Florida Street Ac	ddress (P.O. Box NOT ACCEPTABLE)		
Tallahassee	32301		
	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.

Sharon Chose, Staron Cooke, Asst Secretary (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

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BERRY BON BON FLORIDA 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-EIGHTH DAY OF OCTOBER, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BERRY BON BON FLORIDA LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2014.

5618318 8300

141342030

AUTHENTICATION: 1815868

DATE: 10-28-14