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#### **COVER LETTER**

Registration Section Division of Corporations

TO:

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SUBJECT: CRAVE ENTER PRISES L.L.C  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:
LAMES BENSON
Name of Person
P.O. Box 3714
Address
TEQUESTA, FL 33469 City/State and Zip Code
imib726 @msn.com
P-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JAMES BENSON at 515 , 509-1868 = ITI
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:  \$\int \text{\$\text{\$\text{S}\$} \$\text{\$\

### 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. (RAVE FUTERPRISES L. L.C
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
A CRAVE ENTERPRISES L. L. C
(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. JATE OF ZOWA 3. 26-3499160
2. TATE OF LOWA (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 3913 STONEBROOKE CR. AMES, IA 50010 = =
(Street Address of Principal Office)
6. 3913 STONE EROCKE CA. AMES IA 50010
6. On Stone State of the State
$\sim \sim $
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
ROBERT BENSON - PRESIDENT 3913 STONEPROOKE CA. AMES, IA 50010
JAMES BENSON - MANAGER P.O. BOX 3714 TERVESTA, FL 33469
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)
Litzen
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 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.)
JAMES DENSON
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.

1. The name of the Limited Liability Company is:			
CRAVE ENTERPRISES L.L.C			
If unavailable, the alternate to be used in the state of Florida is:			
A CRAYE ENTERPRISES L.L.C			_
2. The name and the Florida street address of the registered agent and office are:			
JAMES BENSON		<u></u>	
(Name)		3	Carry T
6231 S.E. GEORGETOWN PL	- (2) (2) (2) (2) (3) (3) (4) (4) (4) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5	7 YON 1182	Anadei contract
Florida Street Address (P.O. Box NOT ACCEPTABLE)			prise.
HOBE SOUND FL 33455	OF STATE	PH 3: 13	13.200
City/State/Zip		ယ်	

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)



## SECIRIETIAIRY OF STATE CERTIFICATE OF EXISTENCE

Date: 10/29/2014

Name: CRAVE ENTERPRISES, L.L.C. (489DLC - 388872)

Date of Incorporation: 11/9/2009

**Duration: PERPETUAL** 

I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.



MATT SCHULTZ SECRETARY OF STATE

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