# M14000008426

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
| W4-L9616                                |  |  |  |  |
|   |  |  |  |  |

Office Use Only



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#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

November 18, 2014

STUART MAYER MAYER CPA'S LLP 99 SUNNYSIDE BLVD. SUITE 101 WOODBURY, NY 11797

SUBJECT: YUMMY MUMMY LLC Ref. Number: W14000069616

We have received your document for YUMMY MUMMY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Letter Number: 714A00024514

Deborah Bruce Regulatory Specialist II

#### **COVER LETTER**

TO:

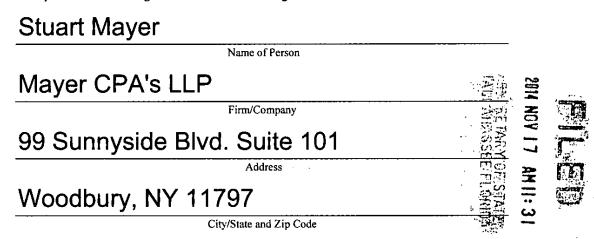
Registration Section **Division of Corporations** 

## Yummy Mummy 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:



E-mail address: (to be used for future annual report notification)

smayer@mayercpa.com

For further information concerning this matter, please call:

Stuart Mayer

Name of Contact Person

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:

□ \$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:

| (Name of Foreign Limited Liability Company: must include "Limited Liability Company." "L.  | L.C.," or "EUC.")                       |
|--|---|
| If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The affiliability Company," "LaL,C," or "LL,C,")   | ernate name must include "Limited       |
| , New York 26-3876331  |   |
| (Jurisdiction under the law of which foreign limited liability (FEI number, company is organized)  | ifapplicable)                           |
|  |   |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)   | 276 ° 60                                |
| 1201 Lexington Avenue  |   |
| New York, NY 10028   | <b>V</b>                                |
| (Street Address of Principal Office)   |   |
| same as above  |   |
|  | 5 <u>0</u> = 0                          |
| (Mailing Address)  |   |
| 7. The name, title or capacity and address of the person(s) who has/have authorit  | v to manage is/are:                     |
| Amanda Cole - MARM   | y to thinkings to him                   |
|  | - MAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA |
| 33 Clubway   |   |
| Hartsdale, NY 10530  |   |
| ,  |   |
| . Attached is an original certificate of existence, no more than 90 days old, duly a aving custody of records in the jurisdiction under the law of which it is organized ecceptable. If the certificate is in a foreign language, a translation of the certificate trust be submitted) | I. (A photocopy is not                  |
| Summer Co Co Co  |   |
| Signature of an authorized person  |   |
| n accordance with section 605.0203. F.S., the execution of this document constitutes an affirmation under the penalties of aware that any take information submitted in a document to the Department of State constitutes a third degree fellows:                                      |   |
|  | •                                       |

Amanda Cole

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: |
|----|----------|--------|---------|-----------|---------|-----|
|----|----------|--------|---------|-----------|---------|-----|

### Yummy Mummy 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:

# **Hubco Registered Agent Services Inc**

(Name)

# 155 Office Plaza Drive, 1st Floor

Florida Street Address (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.

Bunk Heller (Signature)

Bruce B. Hubbard, Pres.

\$ 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 YUMMY MUMMY LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/04/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Biennial Statement was filed 02/16/2011.

A Biennial Statement was filed 12/11/2012.

Certificate of Change was filed on 11/26/2013.

I further certify, that no other documents have been filed by such Limited Liability Company.

\*\*\*



Witness my hand and the official seal of the Department of State at the City of Albany, this 03rd day of November two thousand and fourteen.

Anthony Giardina

Executive Deputy Secretary of State

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