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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

J. Shivers DEC 1 5 2014

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LOOPY MANGO 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:
ANNA PULVER MAKHER  Name of Person
LOOPY MANGO LCC Firm/Company
99500 OVERSEAS MWY Address
KEY LARGO FL 33 037 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANNA PULVER MAKHERat (917) 520 -3142  Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Bigsig \\$125.00 \text{ Filing Fee} \Bigsig \\$130.00 \text{ Filing Fee} \& \Bigsig \\$155.00 \text{ Filing Fee} \& \Bigsig \\$160.00 \text{ Filing Fee, Certificate}
Certificate of Status Certified Copy of Status & Certified Copy

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

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. LOOPY MANGO LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Affine the state of the state o
(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. NEW YORK STATE, USA 3. 38-37/1548
2. NEW YORK STATE, USA 3. 38-3/1/598 (FEI number, if applicable) company is organized)
A
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 99500 OVER SEAS HWY
KEY LARGO, FL 33037 (Street Address of Principal Office)
(Street Address of Principal Office)
6
SANIF
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
ANNA PULVERMAKHER - MEMBERS B
92 GATES AVE #5G
BROOKLYN NY MON 1/238 III
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)
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.)
Typed or printed name of signee
ANN A PULVERMAKHER  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 name of the Limited Liability Company is:
LOOPY MAINGO LLC
f unavailable, the alternate to be used in the state of Florida is:
. The name and the Florida street address of the registered agent and office are:
ERIC SCHULTZ (Name)
. (Name)
2903 SUTTON PINES CT PS Florida Street Address (P.O. Box NOT ACCEPTABLE)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Florida Street Address (P.O. Box NOT ACCEPTABLE)  PLANT CITY FL 33566  City/State/Zip
City/State/Zip
daving been named as registered agent and to accept service of process for the above stated timited iability company at the place designated in this certificate, I hereby accept the appointment as egistered agent and agree to act in this capacity. I further agree to comply with the provisions of all tatutes 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)** 

# State of New York Department of State } ss:

I hereby certify, that LOOPY MANGO LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/10/2004, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



14 DEC -9 AM 7:55
SECRETARY OF STATE
FALLAHASSEE, FLORIE

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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 01st day of December two thousand and fourteen.

Duting Sierdina

Executive Deputy Secretary of State