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COVER LETTER

| TO | Registrativa Section Division of Corporations |
|-------------|--|
| Surje | ,,, The Little House, LLC |
| رم تحدد حدد | Name of Limited Liability Company |
| The enc | losed "Application by Foreign Limited Limitity Company for Authorization to Transact Business in Plotide," Certificate |
| | ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Plon |
| Please r | enim all correspondence concerning this matter to the following: |
| | Tipa Iwill pickup |
| | Name of Person |
| | Surganic Corporate & Filing company Services, Inc. 3458 Lakeshore Drive Fallahassee, FL 32312 |
| | Address |
| | city/state and Zia Code melissa:macleod@starr-restaurant.com |
| | E-mail address: (to be used for future annual report notification) |
| For furt | her information concerning this matter, please call: |
| | Name of Contact Person Area Code Daytime Telephone Nomber |
| | MAILING ADDRESS: STREET ADDRESS: Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallabassee, FL 32314 2661 Executive Center Circle Tallabassee, FL 32301 |
| Enclos | icd is a check for the following amount: \$\sigma \text{S123.00 Filing Fee} \square \square \text{S150.00 Filing Fee} \text{\square} \square \text{S160.00 Filing Fee}, Certificate Certificate of Status \text{Certificate Copy} of Status \text{\text{Certificate} Copy} |



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2014

TINA
SUNSHINE CORPORATE & FILING COMPANY

SUBJECT: THE LITTLE HOUSE, LLC

Ref. Number: W14000074677

We have received your document for THE LITTLE HOUSE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate mame in the space provided on the application form

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 114A00026523

DEPARTMENT OF STATE

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

| | ouse LLC | en e | |
|--|--|---|---|
| (Name of Foreign Limited | | nited Liability Company," "U.C.," or/ | LLC.") |
| (If name unavailable, enter alternate name | is edepted for the purpose of transactin | | ne must include "Lin |
| Liability Company," "L.L.C." or "LLC." | ") | | |
| 2. Delaware (Jurisdiction under the law of which I | 3, | (FEI number, if applical | 15 |
| company is organized) | | угы қаныы, к аррасал | せい 二 |
| 4. December 11, 20 | the fall of the state of the st | | LEC L |
| (Sec | Date first transacted business in Florida, sections 605.0904 & 605.0905, P.S. to | determine penalty hability) | 至 |
| 5. 134 Market Stree | t | | SS. |
| Philadelphia, PA | 19106 | | E OF |
| | (Street Address of Prin | cipal Office) | 0 7 |
| 6. 134 Market Street | | | PATE PATE |
| Philadelphia, PA | 19106 | | , <u>, , , , , , , , , , , , , , , , , , </u> |
| | (Mailing Add | resc) | |
| | | who kee/have suthority to ma | nage is/are: |
| 7 The name, title or capacity | and address of the person(s) | | , 0 |
| 7. The name, title or capacity Starr Restaurant Ord | | | PA 19106 |
| | | arket St, Philadelphia | , PA 19106 |
| | | | , PA 19106 |
| | | | , PA 19106 |
| | | | , PA 19106 |
| Starr Restaurant Org. 8. Attached is an original certi | anization, LP, 134 M | arket St, Philadelphia han 90 days old, duly authent | icated by the of |
| Starr Restaurant Org | anization, LP, 134 M | arket St, Philadelphia han 90 days old, duly authent of which it is organized. (A pl | icated by the of |
| Starr Restaurant Org. 8. Attached is an original certihaving custody of records in the start of | anization, LP, 134 M | arket St, Philadelphia han 90 days old, duly authent of which it is organized. (A pl | icated by the of |
| 8. Attached is an original certificate is | anization, LP, 134 M | arket St, Philadelphia han 90 days old, duly authent of which it is organized. (A pl | icated by the of |
| 8. Attached is an original certificate is | anization, LP, 134 Military and the jurisdiction under the law in a foreign language, a trans | arket St, Philadelphia han 90 days old, duly authent of which it is organized. (A pl ilation of the certificate under | icated by the of |
| 8. Attached is an original certificate is | anization, LP, 134 Mariation, LP, 134 Mariation, LP, 134 Mariation, LP, 134 Mariation of the jurisdiction under the law in a foreign language, a transmit of the execution of this document constitutes a | han 90 days old, duly authent of which it is organized. (A plantion of the certificate under | icated by the of ontocopy is not oath of the tran |

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: | | | • . | | |
|--|----------|-----|-----|----|--|
| The Little House, LLC | | . : | | | |
| If unavailable, the alternate to be used in the state of | Filomida | î. | | | |
| | | | | | |
| Little House Restaurant | Com | Dan | 4 4 | 10 | |
| | | | | | |

2. The name and the Florida street address of the registered agent and office are:

| Registered Agent Solutions, In | ٦¢. | |
|---|-------|------|
| (Name) | ``` | ·: |
| 155 Office Plaza Dr., Suite A | ,: | |
| Florida Street Address (P.O. Box NOT ACCEPT | ABLE) | .' • |
| Tallahassee FL 32301 | | |

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 603, Florida Statutes.

(Signiture)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

14 DEC 17 PM 3:34
SECRETARY OF STATE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE LITTLE HOUSE, 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 FIFTEENTH DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE LITTLE HOUSE, LLC" WAS FORMED ON THE TENTH DAY OF DECEMBER, A.D. 2014.

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

5654776 8300

141533729

AUTHENTY CATION: 1955292

DATE: 12-15-14

You may verify this certificate online at corp.delaware.gov/authver.shtml