

M14 0000009217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 29 2014



21 Robert Pitt Drive, Suite 310 • Monsey, NY 10952 • 845.356.8390 • Fax 845.207.3610

December 10, 2014

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Qualification of Foreign LLC

Dear Sir or Madam:

Enclosed is the Application By a Foreign Limited Liability Company for Authorization to Transact Business in the State of Florida that was completed by our customer, Copians Grill LLC.

Once the application has been approved, please forward evidence of the approval to the following address:

Copians Grill LLC
8618 Bluebell lane
Jacksonville, FL 32244

If there is any issue with the application, or if you require any further information, kindly contact our Business Licensing division directly at the number or address listed below.

Thank you for your assistance in this matter.

Respectfully Submitted,

Devorah Barber
Corporate Associate
Business Licenses, LLC
21 Robert Pitt Drive, Suite 310
Monsey, NY 10952
(845) 356-8390 ext.135
Fax: (845) 207-3610
barberd@businesslicenses.com

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Copians Grill 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:

Kathy Spencer

Name of Person

Copians Grill LLC

Firm/Company

8618 Bluebell Lane

Address

Jacksonville, FL 32244

City/State and Zip Code

kathy mcneer@yahoo.com

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

For further information concerning this matter, please call:

Kathy Spencer

Name of Contact Person

at (334) 220-2839

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:

☒ \$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

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. Copians Grill LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Georgia 3. 47-1632815
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8618 Bluebell Lane
Jacksonville, FL 32244
(Street Address of Principal Office)

6. 8618 Bluebell Lane
Jacksonville, FL 32244
(Mailing Address)


7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Kathy Spencer, Member, 9442 Deer Crossing Dr., Jonesboro, GA 30236

Kristina McNear, Member, 8616 Bluebell Ln., Jacksonville, FL 32244

Krenshae McNear, Member, 8616 Bluebell Ln., Jacksonville, FL 32244

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)

Kathy Spencer 
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.)

Kathy Spencer
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Copians Grill 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:

Kristina McNear Rush

(Name)

8616 Bluebell Ln.

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Jacksonville

FL

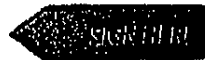
32244

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.

Kristina McNear Rush

(Signature)



\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 14075780
DATE INC/AUTH/FILED : August 04, 2014
JURISDICTION : Georgia
PRINT DATE : December 09, 2014

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Copians Grill LLC
A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B. P. Kemp

Brian P. Kemp
Secretary of State

2014 DEC 24 A 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2014

KATHY SPENCER
8618 BLUEBELL LANE
JACKSONVILLE, FL 32244

SUBJECT: COPIANS GRILL LLC
Ref. Number: W14000075056

We have received your document for COPIANS GRILL 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 014A00026722

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SECRETARY OF STATE
ALLAN A. BEE, FLORIDA

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