# M19000001240

(Red	questor's Name)		
· (Add	dress)		
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
W180-1015	کا · (ع)	:	

Office Use Only



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B. BOSTICK

FEB 17 2015

**EXAMINER** 

#### COVER LETTER

TO:

Registration Section **Division of Corporations** 

#### CAFE DADELAND 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:

## OSHRAT KATRI DULBERG Name of Person Firm/Company 252 SUNNY ISLES BLVD # 20 SUNNY ISLES BEACH, FL 33160 City/State and Zip Code

ACCOUNTINGFLORIDA@AROMA.US

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

For further information concerning this matter, please call:

OSHRAT KATRI DULBERG

Name of Contact Person

**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:

(If name unavailable, enter alternate name adopted for the purp Liability Company,""L.L.C," or "LLC.")	pose of transacting business in Florida. The alternate name must include "Limited
, DELAWARE	<sub>3.</sub> 47-2947489
(Jurisdiction under the law of which foreign limited liability company is organized)	
4	Place of the second sec
(Date first transacted but (See sections 605.0904 & 6	isiness in Florida, if prior to registration.) 605.0905, F.S. to determine penalty liability)
<sub>5.</sub> 7535 N KENDALL DRIVE	) [C]
MIAMI, FL 33156	
(Street	t Address of Principal Office)
6. 252 SUNNY ISLES BLVD # 2	20
SUNNY ISLES BEACH, FL 3	33160 S
	(Mailing Address)
7. The name, title or capacity and address of the	the person(s) who has/have authority to manage is/are:
OSHRAT KATRI DULBERG, MGF	R, 3161 NE 210 ST AVENTURA, FL 33180
	210 ST AVENTURA, FL 33180
12/11/10/17(1, 1/10/17, 0/0/1742	210 01 7(121(1010), 12 00 100
8. Attached is an original certificate of existence	ce, no more than 90 days old, duly authenticated by the official
	nder the law of which it is organized. (A photocopy is not
must be submitted)	guage, a translation of the certificate under oath of the translate
	\ \ \ (
	\) \ ,

**OSHRAT KATRI DULBERG** 

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.

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:  OSHRAT KATRI DULBERG  (Name)  3161 NE 210 ST  Florida Street Address (P.O. Box NOT ACCEPTABLE)	
OSHRAT KATRI DULBERG (Name) 3161 NE 210 ST	
3161 NE 210 ST	2015
3161 NE 210 ST	- E
	5
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	्रे स
AVENTURA <sub>FI</sub> 33180	
City/State/Zip	
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provisi statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, Flux Statutes.  Statutes.  \$ 100.00 Filing Fee for Application	as ions of all th and

\$ 25.00

\$ 30.00

\$ 5.00

**Designation of Registered Agent** 

**Certificate of Status (optional)** 

**Certified Copy (optional)** 

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "CAFE DADELAND 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 FOURTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAFE DADELAND LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2015.

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

711 FEB 16 A 10:5

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AUTHENTY CATION: 2093695

DATE: 02-04-15

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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2015

OSHRAT KATRI DULBERG 252 SUNNY ISLES BLVD. #20 SUNNY ISLES BEACH, FL 33160

SUBJECT: CAFE DADELAND LLC Ref. Number: W15000010121

We have received your document for CAFE DADELAND 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):

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: 615A00002877