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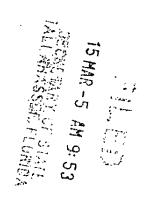
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2015

ADON WILLIAMS 750 NE 86TH ST #S-2 MIAMI, FL 33138

SUBJECT: MAD CHOLLER COFFEE LLC

Ref. Number: W15000011544

We have received your document for MAD CHOLLER COFFEE 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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 515A00003292

#### **COVER LETTER**

|                              | Registration Section Division of Corporations   |   |
|------------------------------|---|---|
| SUBJECT:                     | CT: Mad Chiller Coffee LLC.  Name of Limited Liability Company  |   |
|                              | osed "Application by Foreign Limited Liability Company for Authorization to Tra<br>e, and check are submitted to register the above referenced foreign limited liability  |   |
| Please retur                 | eturn all correspondence concerning this matter to the following:   |   |
|                              | Adon Williams Name of Person  | <del></del>   |
|                              | Mad Chiller Coffee LLC<br>Firm/Company  |   |
|                              | 750 NE 86th St, #5.2  |   |
|                              | Miami FL 33138 City/State and Zip Code  | · · · · · · · · · · · · · · · · · · ·                         |
|                              | E-mail address: (to be used for future annual report notific  |   |
| For further i                | er information concerning this matter, please call:   |   |
|                              | A don Williams at (609) 35  Name of Contact Person Area Code Day  | 6 - 6490<br>rtime Telephone Number                            |
| Di <sup>,</sup><br>Re<br>P.C | 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 :                   | ed is a check for the following amount:  \$\sum_{125.00}\$ \text{Filing Fee}  \text{\$\sum_{130.00}\$ Filing Fee & Certificate of Status}  \text{\$\sum_{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: Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C," or "LLC.") which foreign limited liability (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Street Address of Principal Office) 6. 750 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/ 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) 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

### 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:  |                                  |                 |      |
|---|----------------------------------|-----------------|------|
| Mad Chiller Coffee 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:  |                                  |                 | -    |
| Adon Williams (Name)  |                                  |                 |      |
| (Name)  |                                  | 5               |      |
| 760 NE 86th St. # S.2 Florida Street Address (P.O. Box NOT ACCEPTABLE)  | 福语<br>- 社部                       | 148-            | ٠,   |
| Florida Street Address (P.U. Box NUT ACCEPTABLE)  | 33.4.5<br>53.4.5                 | 2               | ù.". |
| Miami FL 33138  |                                  | 4H 9:           |      |
| City/State/Zip  |                                  | ၅               | ,    |
| Having been named as registered agent and to accept service of process for the above s liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the pr statutes relating to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 60 Statutes. | ment as<br>ovisions<br>ar with a | s of all<br>and | !    |
| (Signature)   |                                  |                 |      |

\$ 100.00 Filing Fee for Application\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)\$ 5.00 Certificate of Status (optional)



## NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### MAD CHILLER COFFEE, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 20th day of March, 2013, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of February, 2015.

Elaine I Marshall

Secretary of State