# M15000007277

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SECRETARY OF STATE
AHASSEE, FLORIDA

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# FLORIDA DEPARTMENT OF STATE Division of Corporations

September 2, 2015

GLENDA S. DOVER 621 WASHINGTON STREET SW, SUITE A7 GAINESVILLE, GA 30501

SUBJECT: BLANDING FOOD SERVICE LLC

Ref. Number: W15000058365

We have received your document for BLANDING FOOD SERVICE 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.

CERTIFICATE OF ORGANIZATION IS NOT ACCEPTABLE - NEED CERT. OF EXISTENCE,

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.

Stacey M Mason Regulatory Specialist II

Letter Number: 815A00018599

#### **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

SUBJECT:	BLANDING FOOD SERVICE LLC		
	Name of Limited Liability	Company	
		ation to Transact Business in Florida," Certificate of ted liability company to transact business in Florida	
Please return all correspondence co	oncerning this matter to the following:		
	GLENDA S DOVER		
Name of Person			
BLANDING FOOD SERVICE LLC			
Firm/Company			
621 WASHINGTON ST SW SUITE A7			
Address			
GAINESVILLE, GA 30501			
City/State and Zip Code			
glendadover@bellsouth.net			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
CI ENDA	A S DOVER at ( 770	) 535–8865	
	Contact Person Area Code		
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 followin	ng amount:    \$130.00 Filing Fee &     \$155.00 Fili   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 STATUTIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: BLANDING FOOD SERVICE LLC (Name of Foreign Limited 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.") 47-4195258 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) IN FLORIDA: CONSOLIDATED DINING FACILITY, 5629 STATE RD 16 W, BLDG 3410, STARKE, FL 32091 IN GEORGIA: 621 WASHINGTON: STREET W SUITE A7, GAINESVILLE, GA 30501 (Street Address of Principal Office) 621 WASHINGTON STREET W SUITE A7 GAINESVILLE, GA 30501 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) HOME ADDRESS: 2485 LAKE STREET ALPHONSO BERRY Name: LAWTEY, FL 32058 CONSOLIDATED DINING FACILITY Office Address: 5629 STATE RD 16 W BUILDING 3410 STARKE , Florida (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is are FOOD SERVICES INC OF GAINESVILLE, INC. MEMBER OF BLANDING FOOD SERVICE LLC ťΛ 621 WASHINGTON STREET W SUITE A7 GAINESVILLE, GA 30501 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) FOOD SERVICES INFO OF GAINESVILLE, MANAGEMENT MEMBER Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Control Number: 15055695

# STATE OF GEORGIA

## **Secretary of State**

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

#### 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

## Blanding Food Service LLC

### a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below 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.

Docket Number
Date Inc/Auth/Filed

Jurisdiction Print Date

Form Number

:12159001 :06/04/2015

: Georgia : 9/11/2015

.211



Brian P. Kemp Secretary of State