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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045

Phone

: (302)645-7400

Fax Number

: (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		 	

Foreign Limited Liability Company Uncle Frankie's Catering, LLC

Certificate of Status 1 0 Certified Copy 01 Page Count Estimated Charge \$130.00

DEC 1-1266

(((11150002830853)))

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

IN COMPLIANCE WITH SPLITION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREKYN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: Uncle Frankie's Catoring, LLC (Name of Foreign Limited Liability Company; ourst include "Limited Liability Company," "L.L.C.," or "LLC.") (If nome unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "United Liability Company," "L.L.C," or "LLC,") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Upon filing (Date flist transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 5469 Wiles Road, Building 9 Apt 105 Coconut Creek, I'L 33073 (Street Address of Principal Office) 5469 Wiles Road, Building 9 Apt 105 Coconut Creek, FL 33073 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Francesco Rasile Name: 5469 Wiles Road, Building 9 Apt 105 Office Address: Coconut Creek Registered agent's acceptance; 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Francesco Rasile, Member - 5469 Wiles Road, Building 9 Apt 105, Coconut Creek, FL 33073 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)

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 8/17.155, F.S.

Typed or printed name of signed

Francesco Rasile

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

DELAWARE, DO HEREBY CERTIFY "UNCLE FRANKIE'S CATERING, 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 THIRTIETH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNCLE FRANKIE'S CATERING, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5881267 8300 SR# 20151113796

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

Jaffeev A. Budinan, beneating of State

Authentication: 10508679

Date: 11-30-15