MILODOSUNS

(Re	questor's Name)		
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(City	y/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL .	
(Bu	siness Entity Name)		
(Do	cument Number)		
Certified Copies	_ Certificates of	Status	
Special Instructions to Filing Officer: CERT WILL-44902 FIHES COVER Sheet			
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June 23, 2016

A POTS & PANS PRODUCTION, LLC 3855 3 96TH STREET, SUITE J INDIANAPOLIS, IN 46240

SUBJECT: A POTS & PANS PRODUCTION, LLC

Ref. Number: W16000044902

We have received your document for A POTS & PANS PRODUCTION, 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 916A00013233

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A pots & Pans Production, 11C 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:
Jonathon W Baker, Esquire Name of Person
The Tiller Law Group, P.A. Firm/Company
15310 Amberly Drive, State 180
Tampa, F1 33647 City/State and Zip Code
Dorker at the there annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{c} \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$

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

COMPANY TO TRANSACT B	USINESS IN THE STAT					ED LIABILIT
1. (Name of For	reign Limited Liability	Company; must include "Lin	oction LL	y.""L.L.C.," or "Ll	.C.")	
	•					
Liability Company," "L.L.C	," or "LLC.")	i for the purpose of transacting	g business in Florida. T	he alternate name r	nust include "	Limited
2. Indian	l co	3	• -	8101070		
2. (Jurisdiction under the law company is organized)	v of which foreign lim	ited liability	(PEI numb	er, if applicable)		
4	A (Data Start to		Facility and the Control of the Cont			
	(See sections 6	ansacted business in Florida, i 05.0904 & 605.0905, F.S. to	determine penalty liabil	lity)		
s. <u>3855</u>	E 9679	Street, She =	1			
Indian	na polis	Street, Ste. S 1N 46246 eet Address of Principal Office)	**	n e e	
	(Str	eet Address of Principal Offic	e)	, 6-1	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
6				1 	22 23 24 54	77
	50.00 1	a stone		Z.	> 10	Same -
	JAME A	5 AGOVE (Mailing Address)			⊀ <i>E</i> ⊃	
7. Name and street addre		ered agent: (P.O. Box NO		~~) [*]	ט ייי	
•		. 7.		3 3	₩ .	<u> </u>
Name:		Allen		Đ.	μ Ω.	
Office Address:	/200 W. 1	Retta Esplana	le, Ste STA	4	•	
	Penta	Goda (City)	, Florida	73950		
Registered agent's accep		(City)		(21p 000c)		
		f to accept service of proce opt the appointment as regi				
to complywith the provis	cions of all statutes i	relative to the proper and c	sierea ageni ana agi consplete performan	ce of my duties, a	nd I am fan	illar with an
accept the obligations of	my position as regi	istered agent.				
		fast (lla)			
		(Registered agent's s	gnature)			
8. The name, title or can	sacity and address o	f the person(s) who has/hav	c authority to manag	e is/ure:		
	u. Wise-r	*	,			
7000		street, Ste]				
	andis, 11	a Waren				
- In Wiam	madis, 11	7 40280				
		ore than 90 days old, duly				
		nized. (If the certificate is in	n a foreign language,	a translation of the	ne certificate	under onth
of the translator must be s	subinitied)	The state of the s	1 / les	_		
		Signature of an authoriz		······································		
This document is execute submitted in a document to	d in accordance wit	h section 605,0203 (1) (b), f State constitutes a third de	Florida Statutes. I an egree felony as provid	n aware that any f ded for in s.817.1	alse informat 55. F.S.	ion
and the second of the second s		Scatt M.				
		Typed or printed name of				

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

A POTS & PANS PRODUCTION, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 21, 2006, and was in existence or authorized to transact business in the State of Indiana on June 13, 2016.

I further certifiy this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolls, June 13, 2016

Corrie Lauron

CONNIE LAWSON SECRETARY OF STATE

2006122200799 / 201634381 Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate