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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCAC00000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Please retain original filing date of submission

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

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AUG - 1 AM 9:05

**Foreign Limited Liability Company
Eclair Bakery LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Attn: Justin Shivers

AUG 10 2016

S. YOUNG

2016 AUG -9 PM 4:00

TALLAHASSEE, FLORIDA



August 8, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CT CORPORATION SYSTEM

2ND FAX

SUBJECT: ECLAIR BAKERY LLC
REF: W16000053382

RE-SUBMIT

Please retain original filing
date of submission 8/1

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer 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.

Justin M Shivers

Regulatory Specialist II Supervisor

FAX Aud. #: H16000184479

Letter Number: 416A00016124

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eclair Bakery, 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:

Krisi Swafford

Name of Person

Chuhak & Teeson, PC

Firm/Company

30 S. Wacker Drive, Suite 2600

Address

Chicago, IL 60606

City/State and Zip Code

kswafford@chuhak.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG - 1 AM 9:06

For further information concerning this matter, please call:

Krisi Swafford

312

855-6103

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

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:

1. Eclair Bakery, 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.")

2. Illinois
(Jurisdiction under the law of which foreign limited liability
company is organized)

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10989 NW 62nd Terrace
Doral, FL 33178
(Street Address of Principal Office)

6. 10989 NW 62nd Terrace
Doral, FL 33178
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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 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.

By: C T Corporation System Kristin Bolden
(Registered agent's signature) Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Desiree Di Falco - Manager: 10989 NW 62nd Terrace, Doral, FL 33178

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)

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.

Desiree Di Falco - Manager
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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File Number

0373275-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ECLAIR BAKERY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 14, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 22ND
day of JULY A.D. 2016 .***

Jesse White

SECRETARY OF STATE

8/9/2016 3:12:52 PM From: To: 8506176383(6/6)

July 25, 2016

RE: Éclair Bakery LLC

I am one of the managers of Éclair Bakery LLC. This LLC has been in existence in Illinois since 2011. We were in need of transacting business in Florida and inadvertently formed this LLC in Florida rather than filing the application for the Illinois LLC to transact its business in Florida.

Accordingly, I authorize the use of this name in Florida.

A handwritten signature in black ink, appearing to be 'J. J. J.', is written over a horizontal line.

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TALLAHASSEE, FLORIDA
16 AUG -1 AM 9:06