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TALLAHASSEE, FLORIDA

K. SALY

JAN 20 2017

Mail



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2017 JAN 17 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 3, 2017

SAMANTHA BROOKS C/O ACCTG DEPT  
8081 CONGRESS AVE  
BOCA RATON, FL 33487

SUBJECT: FRESH MEAL PLAN NORTHEAST LLC  
Ref. Number: W17000000035

We have received your document for FRESH MEAL PLAN NORTHEAST LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Tanisha L Washington  
Regulatory Specialist II

Letter Number: 917A00000005

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

Fresh Meal Plan Northeast LLC

**SUBJECT:** \_\_\_\_\_  
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:

Samantha Brooks, c/o Acctg Dept

\_\_\_\_\_  
Name of Person

Fresh Meal Plan

\_\_\_\_\_  
Firm/Company

8081 Congress Ave

\_\_\_\_\_  
Address

Boca Raton, FL 33487

\_\_\_\_\_  
City/State and Zip Code

billing@freshmealplan.com

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

For further information concerning this matter, please call:

Samantha Brooks

561

807-9436

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. Fresh Meal Plan Northeast 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. New York 3. 38-3988751  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 7/9/16  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8081 Congress Ave  
Boca Raton, FL 33487  
(Street Address of Principal Office)


6. 8081 Congress Ave  
Boca Raton, FL 33487  
(Mailing Address)

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

Name: Marc Elkman  
Office Address: 8081 Congress Ave  
Boca Raton, Florida 33487  
(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.*

  
(Registered agent's signature)


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

Marc Elkman, CEO/Partner 8081 Congress Ave, Boca Raton, FL 33487

Patrick Delaney, CCO/Partner 8081 Congress Ave, Boca Raton, FL 33487

Rich Steere, CFO/Partner 8081 Congress Ave, Boca Raton, FL 33487

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.

Marc Elkman  
Typed or printed name of signee

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2017 JAN 17 PM 1:35  
SECOND DISTRICT OF FLORIDA  
TALLAHASSEE, FLORIDA

**State of New York**  
**Department of State** } **ss:**

*I hereby certify, that FRESH MEAL PLAN NORTHEAST LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/17/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 08th day of July  
two thousand and sixteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA