

M17000001717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

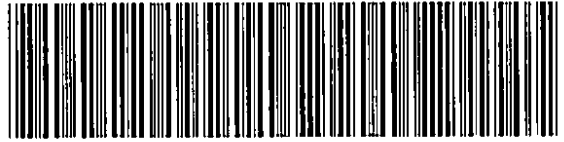
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600327467156

19 APR -5 AM 9:50

2019 APR -5 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

APPROVED  
AND  
FILED

T.G.  
2/10/19

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserve.com  
e-mail: accounting@incserve.com

incserv

**ORDER FORM**

**TO** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@doh.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserve.com  
850.656.7953

**REQUEST DATE** 4/5/2019

**PRIORITY** Routine

**OUR REF # (Order ID#)** 725615

**ORDER ENTITY**

ALLEN HARIM FOODS, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

File the attached withdrawal document

**NOTES:**

\$25.00 Authorized

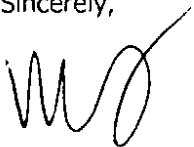
**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



APPROVED  
AND  
FILED  
2019 APR -5 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Allen Harim Foods, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

02/27/2017

(Date registered with Florida Department of State)

M17000001717

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: 4/5/19 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Terri Eastland

(Typed or printed name of signee)

Filing Fee: \$25.00

2019 APR -5 AM 9:56

APPROVED  
AND  
FILED

# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgments/certificates will be sent to the address in Section 1 only.

Section 1

1. Eastcor National Title Services  
Fictitious Name to be Registered (see instructions for certain prohibited words, abbreviations and designations)
2. 1160 Kane Concourse, Suite 301  
Mailing Address of Business  
Bal Harbour Islands Florida 33154  
City State Zip
3. Florida County of principal place of business: Miami-Dade  
(see instructions if more than one county)
4. FEI Number of Business: \_\_\_\_\_

This space for office use only

Section 2

## A. Registrant if individual(s): (Use an attachment if necessary):

1. \_\_\_\_\_  
Last First M.I. Address  
City State Zip
2. \_\_\_\_\_  
Last First M.I. Address  
City State Zip

## B. Registrant if other than an individual(s): (Use an attachment if necessary):

Eastcor Land Services Inc.  
Entity Name  
1160 Kane Concourse, Suite 301  
Address  
Bal Harbour Islands FL 33154  
City State Zip  
Florida Document Number: F15000004195  
FEI Number: \_\_\_\_\_

2. \_\_\_\_\_  
Entity Name  
Address  
City State Zip  
Florida Document Number: \_\_\_\_\_  
FEI Number: \_\_\_\_\_

☒ Applied for ☐ Not Applicable

☐ Applied for ☐ Not Applicable

2019 APR - 5 12 AM  
FILED  
AND  
APPROVED  
STATE

Section 3

I the undersigned, being a registrant for the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the intention to register the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county in which the principal place of business of the registrant is or will be located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.135, F.S.

[Signature]  
Signature of Registrant in Section 2 Date \_\_\_\_\_

difraim@eastcortitle.com  
Email address (to be used for future renewal notifications)

Section 4

FOR CANCELLATIONS, COMPLETE THIS SECTION 4 ONLY:  
FOR FICTITIOUS NAME REGISTRATION CHANGE, COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_, which was registered on \_\_\_\_\_ and assigned registration number \_\_\_\_\_.

\_\_\_\_\_  
Signature of Registrant Whose Registration is Being Cancelled

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Registrant Whose Registration is Being Cancelled

\_\_\_\_\_  
Date

Mark the applicable boxes

☐ Certificate of Status - \$10

☐ Certified Copy - \$30

NON-REFUNDABLE PROCESSING FEE: \$50