M170000/929

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W17000014572

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TEBITA NO.

D. BRUCE MAR 07 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2017

KATIE SIKORYAK LUKE'S LOBSTER 459 GRAND STREET BROOKLYN, NY 11211

SUBJECT: LUKES SEAFOOD LLC Ref. Number: W17000014572

2017 FED IT A II: 02
SECRETARY OF TORBOA
FALLAHASSEE, FLORIDA

We have received your document for LUKES SEAFOOD 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):

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 017A00003297

2017 MAR - 7 AN ID: 52

www.sunbiz.org

COVER LETTER

ro:	Registration Section Division of Corporations	
SUBJE	LUKES SEAFOOD LLC	
	Name of Limited Liability Company	
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ce, and check are submitted to register the above referenced foreign limited liability company to transact busines	
lease re	turn all correspondence concerning this matter to the following:	
	KATIE SIKORYAK	
	Name of Person	
	LUKE'S LOBSTER	
	Firm/Company	
	459 GRAND STREET	
	Address	77
	11211 HASS	2 of white
	City/State and Zip Code KATIE@LUKESLOBSTER.COM	
	E-mail address: (to be used for future annual report notification)	
or furtl	er information concerning this matter, please call:	
	KATIE SIKORYAK 646 559-4644at ()	
	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 Circle Tallahassee, FL 32301	
nclose	is a check for the following amount: \$\Bigsilon\$ \$125.00 Filing Fee \(\text{Certificate of Status} \) \$\Bigsilon\$ \$155.00 Filing Fee \(\text{Certified Copy} \) \$\Bigsilon\$ \$\Bigsilon\$ \$160.00 Filing Fee, Certified Copy of Status \(\text{Certified Copy} \)	ificate

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

· · · · · · · · · · · · · · · · · · ·	ign Limited Liability Comp	pany; must include "Lin	nited Liability Co	mpany," "L.	L.C" or	"LLC.")
iability Company," "L.L.C,"	ternate name adopted for the		_	ida. The alte	ernate nar	ne must	include "Limitec
DELAWARE		3.	195213				
(Jurisdiction under the law company is organized) 12/1/16	of which foreign limited lial	bility	(FEI	number, if a	pplicable)	
459 GRAND STREET	(Date first transacte (See sections 605.090 C/O LUKES LOBSTER	ed business in Florida, 14 & 605.0905, F.S. to	f prior to registra determine penalty	tion.) liability)		_	
BROOKLYN, NY 112						_	
459 GRAND STREET	C/O LUKES LOBSTER	dress of Principal Offic			,	_	
BROOKLYN, NY 112	11				ZEL ZEL	2017	F. 31-1-1-1
	(1	Mailing Address)			美洲	- FED	
Name and street addres	ess of Florida registered agent: (P.O. Box NOT accepta LUKES LOBSTER XX LLC			able)			Professional Control of the Control
Office Address:	701 S MIAMI AVE #35	53				==	C
					~~ ~		
	МІАМІ		, Flor	33131 ida	ADA .	02	
	tance:	(City)	,	da(Zip	code)	2	unany at the pi
esignated in this applicate complywith the provision complywith the provision of the obligations of the complete company of the name, title or capa		cept service of proces appointment as regi e to the proper and co agent. (Registered agent's si	ss for the above istered agent an complete perfor gnature)	da(Zip stated limi d agree to i mance of n	code) ited liabl act in th ny duties	- Cility con is capac	city. I further
laving been named as resignated in this applicate of complywith the provision complywith the provision country the obligations of residuals. The name, title or capa LUCAS HOLDEN, PRESIDENT	tance: gistered agent and to accion, I hereby accept the ons of all statutes relative my position as registered accity and address of the positive and address of the position as registered.	cept service of proces appointment as regi e to the proper and co agent. (Registered agent's si erson(s) who has/hav	ss for the above istered agent an complete perfor gnature) e authority to model 04005	da(Zip stated limi d agree to i mance of n	code) ited liabl act in th ny duties	- Cility con is capac	city. I further
laving been named as resignated in this applicate of complywith the provision complywith the provision coept the obligations of resident the name, title or capa LUCAS HOLDEN, PRESERYAN HOLDEN, VICE	tance: gistered agent and to accition, I hereby accept the ons of all statutes relative my position as registered accity and address of the position in the position of the position in the position and address of the position in the position in the position in the position and address of the position in the position i	cept service of proces appointment as regi e to the proper and of agent. (Registered agent's si erson(s) who has/hav b, BIDDEFORD, ME	ss for the above stered agent an complete perfor gnature) e authority to m 04005 D, ME 04005	da(Zip	code) ited liabi act in th my duties	- Cility con is capac	city. I further
laving been named as resignated in this applicate of complywith the provision complywith the provision coept the obligations of results. The name, title or capa LUCAS HOLDEN, PRESENYAN HOLDEN, VICE BENJAMIN CONNIFF, VICE Attached is a certificate.	tance: gistered agent and to accion, I hereby accept the ons of all statutes relative my position as registered acity and address of the position and address of the posit	cept service of proces appointment as regine to the proper and of agent. (Registered agent's sinerson(s) who has/have, BIDDEFORD, MERY RD, BIDDEFOR	gnature) e authority to m 04005 D, ME 04005 APT#1, BROOK	da(Zip stated limit d agree to mance of n tanage is/ar	code) ited liable act in the my duties e: 11225	ility con is capacis, and I	city. I further am familiar w

Typed or printed name of signee

BENJAMIN CONNIFF

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LUKES SEAFOOD 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 THIRTEENTH DAY OF JANUARY, A.D. 2017.

at core delaware special

Authentication: 201870608

Date: 01-13-17