

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000160809 3)))



H170001E0E093ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FOLEY & LARDNER LLP-MIAMI

Account Number : 120080000013 : (305)452-8400

Fax Number : (305)482-6600

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

Foreign Limited Liability Company SUGAR FACTORY PATISSERIE ESPANOLA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:

Registration Section
Division of Corporations

SUGAR FACTORY PATISSERIE ESPANOLA 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:

VERONICA VILARCHAO, ESQ.

Name of Person

FOLEY & LARDNER LLP

Firm/Company

2 SOUTH BISCAYNE BLVD., SUITE 1900

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

F&LCorpMiami@foley.com

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

For further information concerning this matter, please call:

Veronica Vilarchao

_{ar} 305

482-8413

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:

				11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	
	nme adopted for the purpose of transacting business in			Linesary Company. D.E.C. or	1262.)
IEVADA		3.	81-4021791	number, of applicable)	
(Initisdiction under the law of wh	high foreign limited liability company is organized)		(FEL	minoer, (r ippnovese)	
UPON REGISTRAT			<u>. </u>		
	(Date first transacted business in Florida, it prio (Sce sections 605 0904 & 605,0905, F.S. in det	er to registration.) Termine penally li	ibility)		
	RA AVE, SUITE 220	6.	8360 WEST SAHAR		
(Street Address of Principal Office)		_	-	Address)	
LAS VEGAS, NV 89	3117	-	LAS VEGAS, NV 89	¥0. E	
		_			-7
				MIN MIN	
Name and street address	ss of Florida registered agent: (P.O. E	Box <u>NOT</u> ac	cceptable)		7
	F&L CORP.			<u> </u>	1_
Name:	<u></u>				-
Office Address:	ONE INDEPENDENT DRIVE,	SUITE 130	<u>)C</u>		Ā
	JACKSONVILLE		Et 11 32202		•.
			FIGE1/80 9		
iving been named as re signated in this applica- comply with the provis	(Gity) otance: egistered agent and to accept service ation, I hereby accept the appointment stons of all statutes relative to the pro	nt as registe oper and cor	or the above stated lim	neede) = [17] G iited liability company a act in this capacity. If	t the p urther
iving been named as re signated in this applica comply with the provis	(Gity) otance: egistered agent and to accept service ation. I hereby accept the appointment	nt as registe oper and cor	or the above stated lim red agent and agree to	neede) = [17] G iited liability company a act in this capacity. If	t the p urther
iving been named as re signated in this applica comply with the provis	(Gity) otance: egistered agent and to accept service ation, I hereby accept the appointment stons of all statutes relative to the pro	nt as registe	or the above stated lim red agent and agree to	neede) = [17] G iited liability company a act in this capacity. If	t the p urther
aving been named as risignated in this application comply with the provised accept the obligation	(City) ctance: egistered agent and to accept service ation, I hereby accept the appointmentions of all statutes relative to the pro- as of my position as registered agent. (Registered age	ent's character	or the above stated lim red agent and agree to inplete performance of muthority to manage is/s	neede) iited liability company a act in this capacity. If my duties, and I am fan	t the purther
aving been named as resignated in this applice comply with the provised accept the obligation	(City) coance: egistered agent and to accept service ation, I hereby accept the appointment slons of all statutes relative to the pro as of my position as registered agent.	ent's character	or the above stated lim red agent and agree to inplete performance of	nited liability company a act in this capacity. If my duties, and I am fan	t the purther
aving been named as resignated in this application comply with the provising accept the obligation. The name, title or cap	(City) coance: egistered agent and to accept service ation, I hereby accept the appointmentions of all statutes relative to the pro- as of my position as registered agent. (Registered agent and address of the person(s) wh	o has/have a	or the above stated lim red agent and agree to inplete performance of muthority to manage is/s	neede) iited liability company a act in this capacity. If my duties, and I am fan	t the purther
aving been named as risignated in this application of the provision of the control of the contro	(City) plance: egistered agent and to accept service ation, I hereby accept the appointment slons of all statutes relative to the pro- as of my position as registered agent. (Registered agent pacity and address of the person(s) who Name and Address: CHARISSA DAVIDOV	o has/have a	or the above stated lim red agent and agree to inplete performance of muthority to manage is/s	neede) iited liability company a act in this capacity. If my duties, and I am fan	t the purther
aving been named as risignated in this application of the provision of the control of the contro	(City) coance: egistered agent and to accept service ation, I hereby accept the appointmentions of all statutes relative to the pro- is of my position as registered agent. (Registered agent and address of the person(s) who hame and Address: CHARISSA DAVIDOV	o has/have a	or the above stated lim red agent and agree to inplete performance of muthority to manage is/s	neede) iited liability company a act in this capacity. If my duties, and I am fan	t the purther
aving been named as resignated in this application of the provision of accept the obligation. The name, title or cap Title or Capacity:	(City) plance: egistered agent and to accept service ation, I hereby accept the appointment slons of all statutes relative to the pro- as of my position as registered agent. (Registered agent pacity and address of the person(s) who Name and Address: CHARISSA DAVIDOV	o has/have a	or the above stated lim red agent and agree to inplete performance of muthority to manage is/s	neede) iited liability company a act in this capacity. If my duties, and I am fan	t the purther
aving been named as resignated in this application of the provision of accept the obligation. The name, title or cap Title or Capacity:	(City) plance: egistered agent and to accept service ation, I hereby accept the appointment slons of all statutes relative to the pro- as of my position as registered agent. (Registered agent pacity and address of the person(s) who Name and Address: CHARISSA DAVIDOV	o has/have a	or the above stated lim red agent and agree to inplete performance of muthority to manage is/s	neede) iited liability company a act in this capacity. If my duties, and I am fan	t the purther
aving been named as resignated in this application of the provision of accept the obligation. The name, title or cap Title or Capacity:	(City) plance: egistered agent and to accept service ation, I hereby accept the appointment slons of all statutes relative to the pro- as of my position as registered agent. (Registered agent pacity and address of the person(s) who Name and Address: CHARISSA DAVIDOV	o has/have a	or the above stated lim red agent and agree to inplete performance of muthority to manage is/s	neede) iited liability company a act in this capacity. If my duties, and I am fan	t the purther
aving been named as resignated in this application of the provised accept the obligation. The name, title or capatitie or Capacity: MANAGER	(City) plance: egistered agent and to accept service ation, I hereby accept the appointment slons of all statutes relative to the pro- ns of my position as registered agent. (Registered agent pacity and address of the person(s) wh Name and Address: CHARISSA DAVIDOV 1395 DAYTONIA ROAC MIANIBEACH, FLORIDA 23141	o has/have a	or the above stated lim red agent and agree to inplete performance of muthority to manage is/s	neede) iited liability company a act in this capacity. If my duties, and I am fan	t the f urther niliar
aving been named as resignated in this application of the provising accept the obligation. The name, title or cap Title or Capacity: MANAGER	(City) coance: egistered agent and to accept service ation, I hereby accept the appointmentions of all statutes relative to the pro- as of my position as registered agent. (Registered agent and address of the person(s) who Name and Address: CHARISSA DAVIDOV 1396 DAYTONIA ROAC VIAMIBEACH, FLORIDA 23141	o has/have a	for the above stated limited agent and agree to applete performance of authority to manage is/a tle or Capacity:	recees) ited liability company a act in this capacity. If my duties, and I am fan re: Name and Addr	t the purther
esignated in this applicate comply with the provision accept the obligation. The name, title or cap Title or Capacity: MANAGER Use attachments if nece	(City) colance: egistered agent and to accept service ation, I hereby accept the appointmentions of all statutes relative to the pro- as of my position as registered agent. (Registered agent accity and address of the person(s) when Name and Address: CHARISSA DAVIDOV 1396 DAYTONIA ROAC VIAMIBEACH, FLORIDA 23141 CESSARY) The of existence, no more than 90 days of	old, duly aut	for the above stated limited agent and agree to applete performance of authority to manage is/a tle or Capacity:	nited liability company a act in this capacity. If my duties, and I am fan re: Name and Addr	t the purther niliar
aving been named as resignated in this application of the provising accept the obligation. The name, title or capacity: MANAGER Use attachments if neces. Attached is a certification of the law insidiction under the law.	(City) plance: egistered agent and to accept service ation, I hereby accept the appointment items of all statutes relative to the pro- items of all statutes relative to the pro- items of my position as registered agent. (Registered agent (Registered agent (Registered agent (Registered agent (Registered agent (Registered agent (Address: CHARISSA DAVIDOV (1996 BAYTONIA MOAC MIANIBEACH, FLORIDA 13141 (Essary) ite of existence, no more than 90 days of which it is organized. (If the certification)	old, duly aut	for the above stated limited agent and agree to applete performance of authority to manage is/a tle or Capacity:	nited liability company a act in this capacity. If my duties, and I am fan re: Name and Addr	t the purther niliar
aving been named as resignated in this application this application of accept the obligation. The name, title or cap Title or Capacity: MANAGER Use attachments if necessarily accepted is a certificate.	(City) plance: egistered agent and to accept service ation, I hereby accept the appointment items of all statutes relative to the pro- items of all statutes relative to the pro- items of my position as registered agent. (Registered agent (Registered agent (Registered agent (Registered agent (Registered agent (Registered agent (Address: CHARISSA DAVIDOV (1996 BAYTONIA MOAC MIANIBEACH, FLORIDA 13141 (Essary) ite of existence, no more than 90 days of which it is organized. (If the certification)	old, duly aut	for the above stated limited agent and agree to applete performance of authority to manage is/a tle or Capacity:	nited liability company a act in this capacity. If my duties, and I am fan re: Name and Addr	t the purther niliar

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

VERONICA VILARCHAO, ESQ.

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, SUGAR FACTORY PATISSERIE ESPANOLA LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 1, 2016, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 15, 2017.

Barbara K. Cegavske Secretary of State

orbora K. Cegarste

Electronic Certificate
Certificate Number: C20170615-1780
You may verify this electronic certificate
online at http://www.nvsos.gov/