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November 27, 2017

CARLOS LEYVA 3250 SW ISLAND WAY PALM CITY, FL 34990 US

SUBJECT: UNIQUE KITCHEN CREATIONS LLC

Ref. Number: W17000093796

We have received your document for UNIQUE KITCHEN CREATIONS LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 417A00023855

#### **COVER LETTER**

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TO:

TO:	Registration Section Division of Corporations		
SUBJE	CT: Unique Kitchen CREATIONS LLC.  Name of Limited Liability Company		
	y Name of Estimed Diability Company		
The enc Existen	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of tee, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.		
Please r	eturn all correspondence concerning this matter to the following:		
	Carlos Leilva.  Name of Person		
	Name of Person		
	Unique Kitchen OREATIONS LLC.		
Firm/Company			
3230 SW Island Way			
Address			
	PAIM CITY, FI, 34990  City/State and Zip Code		
	URKITCHEN EREATIONS ON Ahoo. Com.  E-mail address: (to be used for future annual report notification)		
	E-mail address: (to be used for future annual report notification)		
For fur	her information concerning this matter, please call:		
	Name of Contact Person Area Code Daytime Telephone Number		
	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 CircleTallahassee, FL 32301		
Enclose	ed is a check for the following amount:  \$\Bigsim \frac{1}{5}\frac{125.00}{25}\frac{1}{5}\frac{130.00}{25}\frac{1}{5}\frac{1}{5}\frac{155.00}{25}\frac{1}{5}\frac{155.00}{25}\frac{1}{5}\fr		

# 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: (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 "L.L.C," o UENUER, CO
(Jurisdiction under the law of which foreign limited liability company is organized) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: . Florida 34990 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Title or Capacity: Name and Address: (Use attachments if necessary) 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) 10. 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. Signature of an authorized person

### OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

unique kitchen creations llc

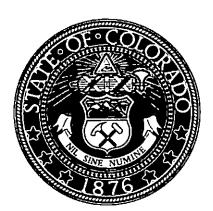
is a

#### Limited Liability Company

formed or registered on 05/26/2009 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20091286311.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/27/2017 that have been posted, and by documents delivered to this office electronically through 11/28/2017 @ 11:55:46 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 11/28/2017 @ 11:55:46 in accordance with applicable law. This certificate is assigned Confirmation Number 10572942



Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*\*\*\*End of Certificate\*\*\*\*\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http:// www.sos.state.co.us/ click "Businesses, trademarks, trade names" and select "Frequently Asked Questions,"