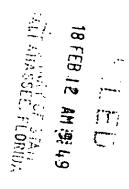
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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
W17-88347			
Office Use Only			



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FEB 1 2 2018
Y SULKER



January 29, 2018

MAYNARD H BROWN JR 5800 BONITA BEACH RD #605 BONITA SPRINGS, FL 34134

SUBJECT: DOCKSIDE HELPER AND MAYNARD'S SMART DRESSING LLC

Ref. Number: W17000088347

We have received your document for DOCKSIDE HELPER AND MAYNARD'S SMART DRESSING LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Letter Number: 018A00001245

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

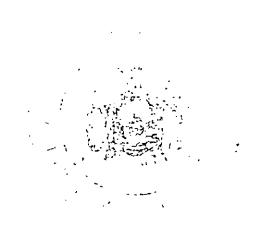
TO:	Registration Section Division of Corporations	ŧ	
SUBJI	ECT: Dockside Helper AND Maynard's H	leart Sma Dressing	
	closed."Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, nee, and check are submitted to register the above referenced foreign limited liability company to transact busi		
Please	return all correspondence concerning this matter to the following:		
	Maynard Brown JR Name of Person	-	
	Firm/Company	_	
	5800 Borita Beach Rd #605	-	
	Bonita Springs, F1. 34134 City/State and Zip Code	-	
	E-mail address: (to be used for future annual report notification)	-	
For fur		RECEIVED	
	May nard Brown at (239) 947-0054  Name of Contact Person Area Code Daytime Telephone Number	JAN 1 7 2018 -	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
	sed is a check for the following amount:  \$\sum_{\text{S125.00 Filing Fee}} \sum_{\text{S130.00 Filing Fee}} \sum_{\text{S130.00 Filing Fee}} \sum_{\text{S155.00 Filing Fee}} \text{\$\sum_{\text{S155.00 Filing Fee}} \text{\$\sum_{\text{S160.00 Filing Fee}} \$\sum_{\text{S160.00 Fili		
مىن	genal 0x#1139 dated 0ct. 2017		
	014 1141 stated Dec. 2011		

## 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 Liab (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.") (FEI number, if applicable) toreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability.) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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. Lighther 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: Name and Address Title or Capacity: (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.

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

I hereby certify, that DOCKSIDE HELPER AND MAYNARD'S HEART SMART DRESSING LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/22/2016, 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 15th day of December two thousand and seventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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