M18000005524

(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

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UCS 6-12-18



May 23, 2018

COLIN M CAPLAN 96 BLAKE STREET NEW HAVEN, CT 06511 US

SUBJECT: SANFORD FOOD TOURS, LLC

Ref. Number: W18000048996

We have received your document for SANFORD FOOD TOURS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the corrected original and one copy of 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.

Janeice L Smith Regulatory Specialist II Registration Section

Letter Number: 418A00010719

B

COVER LETTER

TO: Registration Section Division of Corporations					
Sanford Food Tours, LI SUBJECT:	LC				
SUBJECT:	Name of L	imited Liability C	Company		
The enclosed "Application by Foreig Existence, and check are submitted to	n Limited Liability Compa o register the above referer	my for Authorizaticed foreign limit	tion to Tra ed liability	nsact Business in Florida," Certific company to transact business in F	ate of lorida.
Please return all correspondence cond	cerning this matter to the fo	ollowing:			
Colin M. Caplan					
	Nar	ne of Person		· 	
Sanford Food Tour	rs, LLC				
	Fire	n/Company	-		
96 Blake Street					
		Address			
New Haven, CT 0	6511				
	City/Sta	te and Zip Code			
colin@sanfordfoodt					
E	-mail address: (to be used	for future annual	report noti	fication)	
For further information concerning th	nis matter, please call:				
Colin M. Caplan		203 at (710-371	0	
Name of C	Contact Person	Area Code	Dayı	ime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	; amount: 1 \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	:

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

IN COMPILANCE 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:

f name unavailable, enter alternate i	name adopted for the purpose of transacting business it	n Florida. The alternate name must include "Limited Lia	ability Company," "L.L.C," or "LLC.")
Connecticut		3. <u>82-94</u>	7239
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI num)	her, if applicable)
	(Date first transacted business in Florida, if pri		<u></u>
	(See sections 605.0904 & 605.0905, F.S. to de	termine penalty hability)	
303 W 3rd Street (Street Address of	D	6. 96 Blake Street (Mailing Add	L.::\
Sanford, FL 32771	тыкіры Опісе)	New Haven, CT 06511	uess)
	······································		
			· · · · · · · · · · · · · · · · · · ·
. Name and street addre	ss of Florida registered agent: (P.O. I	Box NOT acceptable)	. 5
Name:	Robert Paul		کے بی
ivanic.	202 14 2 1 5	·	Z X X
Office Address:	303 W 3rd Street		– 88
	Sanford	Florida <u>32771</u>	3 Ū
	.01		<u> </u>
laving been named as re esignated in this applica comply with the provis	egistered agent and to accept service ution, I hereby accept the appointmen ions of all statutes relative to the pro	of process for the above stated limited nt as registered agent and agree to act per and complete performance of my	I liability company the di
esignated in this applica comply with the provis	otance: egistered agent and to accept service ation, I hereby accept the appointmen ions of all statutes relative to the pro as of my position as registered agent.	of process for the above stated limited nt as registered agent and agree to act per and complete performance of my	I liability company the di
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Typed or printed name of signee

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

SANFORD FOOD TOURS, LLC

a domestic limited liability company, were filed in this office on April 03, 2018.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

in Menk

Date Issued: June 06, 2018

Business ID: 1268910 Standard Certificate Number: 2018252893001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov