M19000005179

(Re	equestor's Name)	
(Ad	idress)	-,
(Ad	idress)	<u>.</u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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B KINSEY
MAY 2 8 2019



May 6, 2019

EDWARD REILLY 800 THIRD AVENUE, 5TH FLOOR NEW YORK, NY 10022

SUBJECT: CATS RED APPLE ST. PETE, LLC

Ref. Number: W19000043941

We have received your document for CATS RED APPLE ST. PETE, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

There is a fee due of \$72.50.

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) 245-6052.

Brooke N Kinsey Regulatory Specialist II

RECEIVED

Letter Number: 519A00009075

MAY 23 2019



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	CATS RED APPLE	ST. PETE, LLC					
		Name of Lin	ited Liability (Company		-	
		eign Limited Liability Company If to register the above reference					
Please return	n all correspondence c	oncerning this matter to the following	lowing:				
	EDWARD REI	LLY					
	Name of Person						
RED APPLE GROUP							
	Firm/Company					-	
	800 3RD AVE, 5TH FLOOR						
	Address					-	
	NEW YORK, NY 10022						
	City/State and Zip Code						
	edward.reilly@ra	gny.com					
		E-mail address: (to be used fo	r future annual	report notificat	ion)	- 13	
For further in	nformation concerning	this matter, please call:				Palle Hark So	:_
Tec	d Reilly	а	212	373-8424			1
	Name of	Contact Person	Area Code	Daytime '	Telephone Number	<u></u>	:
Div Reg P.O	AILING ADDRESS: rision of Corporations sistration Section b. Box 6327 lahassee, FL 32314			STREET ADI Division of Co Registration So Clifton Buildin 2661 Executive Tallahassee, Fl	oporations ection og e Center Circle	E.	•
	closed is a check for the	c following amount: le to: FLORIDA DEPARTMI	ENT OF STA	ГE			
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee &	\$160.00 Filing of Status & Cer		

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:

DELAWARE			ny," "L.L.C." or "LI (C. 1	
		81-3006747 3			
(Jurisdiction under the law of which foreign limited hability company is organized)		3. (FEI mumber, if applicable)			
2/19/2019					
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determin	rgistration) c penulty hability)			
800 3RD AVENUE, 5		800 3RD AVENUE, 5TH FL			
(Street Address of Principal (Iffice)		6. (Mailing Address)		•	
NEW YORK, NY 10022		NEW YORK, NY 10022			
Name and street addre	SS of Florida registered agent: (P.O. Box CT CORPORATION SYSTEM	NOI acceptable)	भव ६८ ४५म भारह	-	
Office Address:					
Office Address:	1200 SOUTH PINE ISLAND ROAD		·F.	•	
Office Address:	PLANTATION, FL		ů E		



8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Manager	Name and Address: JOHN CATSIMATIDIS	Title or Capacity:		Name an		
Member Authorized Person	Address: 800 3RD AVENUE, 5TH FL NEW YORK, NY 10022	☐ Member ☐ Authorized Person	Name:			
Other	Other	Other		Other		
☐Manager ☐Member ■Authorized Person ☐Other	Name: EDWARD REILLY 800 3RD AVENUE, 5TH FL NEW YORK, NY 10022	☐ Manager ☐ Member ☐ Authorized Person ☐ Other				
Manager	Name:	Manager	Name:			
Member	Address:	☐ Member	Address:			- 1.4
Authorized		Authorized			<u> </u>	
Person		Person			<u>r\sigma</u>	<u> </u>
Other	Other	Other	<u>-</u> _	Other_	ŋ	.:
					ŧ.	•

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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

Edward F. Rolly Esq.

Typed or profiled name of signer.

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CATS RED APPLE ST. PETE, 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 TWENTY-FIFTH DAY OF APRIL, A.D. 2019.

Authentication: 202714137

Date: 04-25-19