Naccomb

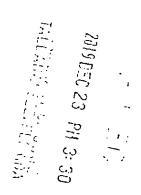
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Care Permission to
Gave Pennission to Use Authorize Penson Forgot to MAH BOX 1/15/8020 At 6:187.M

Office Use Only



300338267333

12/23/19--01006--014 **130.00



45/

	19
TO:	Registration Section
	Division of Corporations
	1

	9	^	
DECT.	Chameleon	Catering	LLC

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:

NurNahar Laraia-Dee	of Person		=:	231	
Chameleon Catering	LLC			2276192	
Firm/0	Company			ည်	-
7901 4th St N STE 43	312		· · · · · · · · · · · · · · · · · · ·	PH 2	* .
Ac	ddress			 မ	
St. Petersburg, FL 33	702		· •	O	
City/State	and Zip Code				
nlaraiadeen@gmail.co	m				
E-mail address: (to be used for		report notificati	on)		
For further information concerning this matter, please call:					
NurNahar LaRaia-Deen	714	883-64	454		
Name of Contact Person	Area Code	Daytime 1	Telephone Nun	nber	
MAILING ADDRESS: Division of Corporations Registration Section		STREET ADD Division of Cor Registration Se	porations		
P.O. Box 6327	•	Clifton Buildin	g		
Tallahassee, FL 32314		2661 Executive Tallahassee, FL			
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME	ENT OF STAT	E			
S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status		Filing Fee &		Filing Fee, C & Certified	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOILLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Chameleon Catering LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Chameleon Catering Fusion Cuisine (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.") December 19th, 2019 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penulty liability) 7901 4th St N STE 4312 7901 4th St N STE 4312 (Street Address of Principal Office) St. Petersburg, FL 33702 St. Petersburg, FL 33702 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc Name: 7901 4th St N STE 300 Office Address: St. Petersburg

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. 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: Title or Capacity: Name and Address: Name and Address: Name: NurNahar LaRaia-Deen Manager Name: 7901 4th St N STE 4312, Member ☐ Member Address: St Petersburg, FL 33702 Authorized Authorized Person Person Other Other____ Other Other Manager Name: _____ ☐ Manager ☐Member Address: ☐ Member __Authorized ☐ Authorized Person Person Other_ Other Other Other $\langle \cdot \rangle$ Manager Manager Name: Member Address: Member Address: Authorized ☐ Authorized Person Person Other Other____ Other Other_____ 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. NurNahar LaRaia-Deen

Typed or printed name of signee

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Limited Liability Company

1, Steve Barnett, Secretary of State of the State of South Dakota, hereby certify that

Chameleon Catering LLC

Business ID: DL174629

2JI9f75 23 Fit 3:

was authorized to transact business in this state on: December 19, 2019.

I, further certify that Chameleon Catering LLC has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, December 19, 2019.

Steve Barnett

12/19/2019 2:26 PM

Verification #: 012472225

Steve Barnett
Secretary of State