

md0000008779

(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:

Office Use Only



500352464255

09/22/20--01034--020 **160.00

FILED
SEP 22 2020
FILING OFFICE
MONTGOMERY COUNTY
MD

SEP 22 2020

FILED

Kevin Helson
Mister Louie LLC
1615 South Congress Avenue
Suite 103
Delray Beach, FL 33445

September 18, 2020

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 North Monroe Street
Suite 810
Tallahassee, FL 32303

Re: Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

To Whom It May Concern:

Please find enclosed the following:


- A Cover Letter for Mister Louie LLC
- An Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Mister Louie LLC
- A Certificate of Existence from the State of Delaware for Mister Louie LLC
- A personal check in the amount of \$160.00 for the filing fee, certificate of status, and certified copy

For return purposes, I have enclosed a UPS prepaid envelope/label.

Thank you in advance for your assistance with this filing.

Sincerely,

MISTER LOUIE LLC



Kevin Helson
Member

Enclosures (4)

UPS Prepaid 1Z6Y40X10205280385

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mister Louie 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:

Kevin Helson

Name of Person

Mister Louie LLC

Firm/Company

1615 Congress Avenue - Suite 103

Address

Delray Beach, FL 33445

City/State and Zip Code

sac@misterlouie.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Helson at 561 244-9536
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. Mister Louie LLC
(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 "LLC.")

2. State of Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-0748993
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1615 South Congress Avenue
(Street Address of Principal Office)

6. 1615 South Congress Avenue
(Mailing Address)

Suite 103

Suite 103

Delray Beach, FL 33445

Delray Beach, FL 33445

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

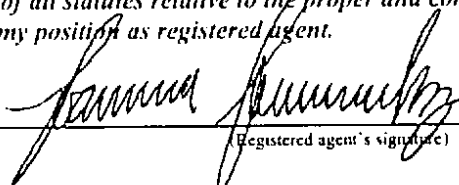
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee 33470
(City) , Florida (Zip code)

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.

 Joanna Fernandez on behalf of InCorp Services, Inc.
(Registered agent's signature)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Kevin Helson
<input checked="" type="checkbox"/> Member	Address: 1615 South Congress Avenue
<input type="checkbox"/> Authorized	Suite 103
Person	Delray Beach, FL 33445
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

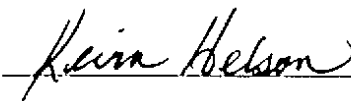
<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

Kevin Helson

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MISTER LOUIE 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 THIRTEENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MISTER LOUIE LLC" WAS FORMED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

7938865 8300

SR# 20206660266

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203463193

Date: 08-13-20