m990000000983 Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

	Electronic Filing Cover Sheet
Note:	Please print this page and use it as a cover sheet. Type the fax audit per (shown below) on the top and bottom of all pages of the document.
	(((H99000015780 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)922-4003

From:

Account Name : BROAD AND CASSEL (BOCA RATON)

Account Number : 076376001555 Phone : (561)483-7000 Fax Number : (561)483-7321 SECRETARY OF PHILS: 01

FOREIGN LIMITED LIABILITY COMPANY MAG

99CENT STUFF, LLC

Certificate of Status Certified Copy Page Count Estimated Charge \$285.00	Martin , parameters, redistanting, services and	NAMES OF THE PROPERTY OF
Page Count 04 Estimated Charge \$285.00	Certificate of Status	0
Estimated Charge \$285.00	Certified Copy	0
	Page Count	04
		\$285.00

Name Availability	91
Document Examiner	
Updater	
Updater V	te.
a Cont	
_ 4	yq

99CENT STUFF, LLC

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

IN COMPLIANCE WITH SECTION 608:503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware	. 3	Āρ	plied For		_		
Jurisdiction under the law of which foreign ompany is organized)	limited liability		(FEI number	, if appl	licable)		
_6/25/99	5	Pe	rpetual				
(Date of Organization)		(Duration	n: Year limited li perpetual")	ability c	ompany	Will coase	to
upin qualiticas	tten						
(Date first transacted busines					55, F.S.)		
1801 Clint Moore Road	, Suite 21	, Boca	Raton, FI	33	487		
					·		
	(Street address o						
st name, title, and business address all manage the foreign limited liabili	of each managin	a memba	·?M/CDM1 a= •	nanage l page :	er[MGR if neces	l]who ssary)	
ist name, title, and business address all manage the foreign limited liability NAME & ADDRESS:	of each managin ity company in F	g member lorida: (at	[MGRM] or rach additiona	l page :	if neces	ssary)	
NAME & ADDRESS:	of each managing ty company in F	g member lorida: (at	· · (N/C:D\/1 a= •	l page :	if neces	ssary)	
NAME & ADDRESS: Raymond Zimmerma:	of each managing ty company in F TITLE; n MGR	g member lorida: (at	[MGRM] or rach additiona	l page :	if neces	SSATY)	
NAME & ADDRESS: Raymond Zimmerma: 1801 Clint Moore	of each managing ty company in F TITLE; n MGR	g member lorida: (at	[MGRM] or rach additiona	l page :	if neces	ssary) TTLE:	
NAME & ADDRESS: Raymond Zimmerma: 1801 Clint Moore Suite 217	of each managing ty company in F TITLE; n MGR	g member lorida: (at	[MGRM] or rach additiona	l page :	if neces	ssary) TTLE:	1
NAME & ADDRESS: Raymond Zimmerma: 1801 Clint Moore Suite 217	of each managing ty company in F TITLE: n MGR Road	g member lorida: (at	[MGRM] or rach additiona	l page :	if neces	STATE: 99 JUN 29	
NAME & ADDRESS: Raymond Zimmerma: 1801 Clint Moore Suite 217	of each managing ty company in F TITLE: n MGR Road	g member lorida: (at	[MGRM] or rach additiona	l page :	if neces	ssary) TTLE:	000000000000000000000000000000000000000
NAME & ADDRESS: Raymond Zimmerma: 1801 Clint Moore Suite 217	of each managing ty company in F TITLE: n MGR Road	g member lorida: (at	[MGRM] or rach additiona	l page :	if neces	TTLE: 99 JUN 29 PM 1:	4
NAME & ADDRESS: Raymond Zimmerma: 1801 Clint Moore Suite 217	of each managing ty company in F TITLE: n MGR Road	g member lorida: (at	[MGRM] or rach additiona	l page :	if neces	STATE: 99 JUN 29	
NAME & ADDRESS: Raymond Zimmerma: 1801 Clint Moore Suite 217	of each managing ty company in F TITLE: n MGR Road	g member lorida: (at	[MGRM] or rach additiona	l page :	if neces	EXTLE: 99 JUN 29 PM 1: 4	
Raymond Zimmerma: 1801 Clint Moore Suite 217	of each managing ty company in F TITLE: n MGR Road	g member lorida: (at	[MGRM] or rach additiona	l page :	if neces	EXTLE: 99 JUN 29 PM 1: 4	

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

David J. Powers, Esq.
Florida Bar Number: 867081
Broad and Cassel
7777 Glades Road, Suite 300
Boca Raton, Florida 33434
Telephone (561) 483-7000
Fax Audit Number: H99000015780

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of	99CENT S	STUFF,	LLC
certifies:			
) the above named limited liability company has at least one member;			
) the total amount of cash contributed by the member(s) is		\$	100.00;
) if any, the agreed value of property other than cash contributed by me (A description of the property is attached and made a part hereto.) and	mber(s) is	\$	N/A;
the total amount of cash and property contributed and anticipated to b by member(s) is (This total includes amounts from 2 and 3 above.)	e contribute		<u>.000.00</u> .
			56 India
Signature of a member or an authorized representate (in accordance with section 608.408(3), Florida Statutes, the execution affidavit constitutes an affirmation under the penalties of perjury stated herein are true.)	ive of a me cution of this that the facts	mber.	SECRETARY VISION OF CO
Raymond Zimmerman			ORPOR/
Typed or printed name of signee			H 6

Filing Fee: \$250.00 for Application and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

l. The name of the	ne Limited Liability Company is:	
99CENT	STUFF, LLC	
. The name and	the Florida street address of the registered agent and office are:	
	David J. Powers, P.A.	0
•	(Name)	olsivia
	7777 Glades Road, Suite 300	JUN 29
·	Florida street address (P.O. Box NOT ACCEPTABLE)	
	Boca Raton, FL 33434	94 : 46
	City/State/Zip	ග දි

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

/(Signature)

David J. Powers, President

Filing Fee: \$ 35 for Designation of Registered Agent

Fax Audit Number: H99000015780 2

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF





H99000015780 2

3062683

AUTHENTICATION:

9835330

991263160

DATE:

26-28-99