

M99000001959

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

CORPORATION(S) NAME

500003066915--9
-12/10/99--01068--004
****125.00 ****125.00

Sahtooma, LLC

- ☐ Profit
☐ NonProfit
☒ Limited Liability Company
☒ Foreign

- ☐ Amendment
☐ Dissolution/Withdrawal

- Qualification*
☐ Limited Partnership
☐ Reinstatement
☐ Limited Liability Partnership
☐ Certified Copy

- ☐ Annual Report
☐ Reservation
☐ Photo Copies

- ☐ Call When Ready
☒ Walk In
☐ Mail Out

- ☐ Call if Problem
☐ Will Wait

- ☐ Other
☐ Change of R.A.
☐ Fictitious Name
☐ CUS

- ☐ After 4:30
☒ Pick Up

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.F. Verifier

12/10

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THANKS

LAURA EARNEST

RECEIVED
99 DEC 10 PM 5:50
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION STATE

FILED
99 DEC 10 PM 8:00
TALLAHASSEE, FLORIDA
STATE

42
12/10

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. SAHTOOMA, LLC
(Name of foreign limited liability company)
2. ILLINOIS 3. 36-4331562
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. NOVEMBER 22, 1999 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. c/o Purity Wholesale Grocers, Inc.
5400 Broken Sound Blvd., N.W. #100
Boca Raton, Florida 33487
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The usual business addresses of the managing members or managers are as follows:

Jeffrey Levitetz

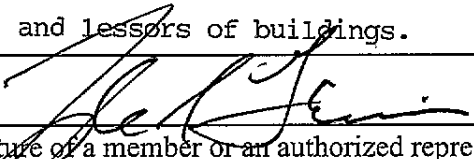
Salvatore Ricciardi

5400 Broken Sound Blvd., N.W. #100

Boca Raton, Florida 33487

10. Attached is an original 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. (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.)

11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate Operators
(except developers) and lessors of buildings.


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LYLE S. GENIN Registered Agent

Typed or printed name of signee

**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.

1. The name of the Limited Liability Company is:

Sahtooma, LLC

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

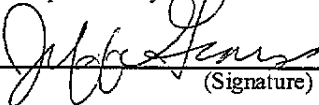
Plantation

FL 33324

City/State/Zip

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 as provided for in Chapter 608, F.S.

C T Corporation System

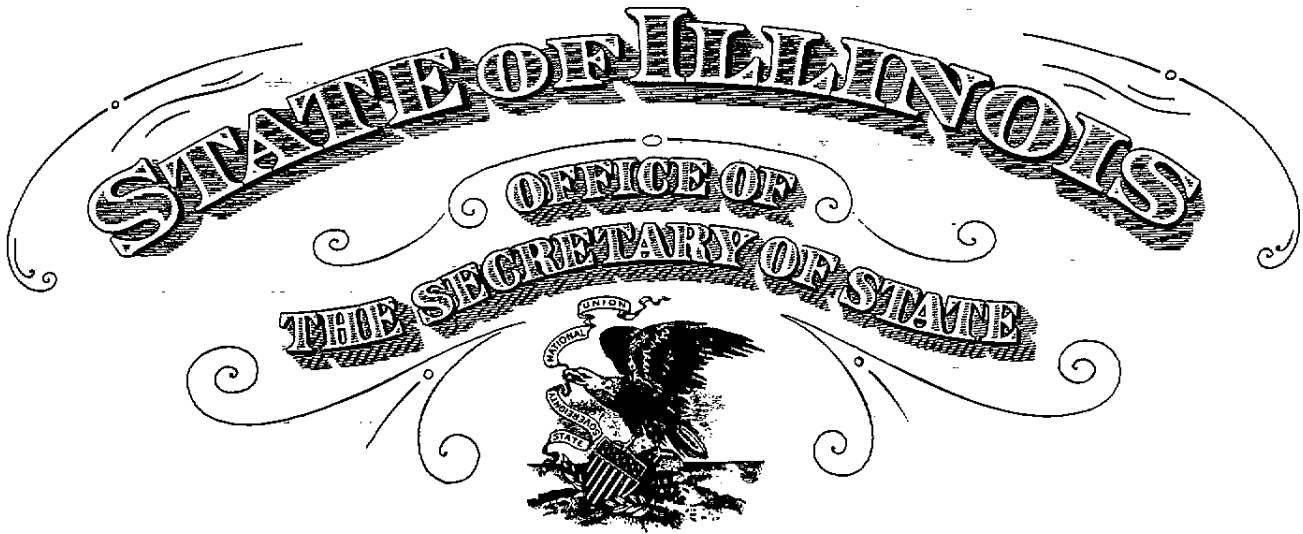

(Signature)

Jeffrey R. Graves
Assistant Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED
99 DEC 10 PM 3:02
CLERK OF STATE
TALLAHASSEE FLORIDA

File Number 0034218-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SAHTOOMA, LLC,
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 22, 1999,
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT
BUSINESS IN THE STATE OF ILLINOIS.

FILED
99 DEC 10 PM 3:02
TALLAHASSEE
SECRETARY OF STATE



In Testimony Whereof, I, hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 8TH
day of DECEMBER A.D. 1999.

Jesse White

SECRETARY OF STATE