

8/20/2020

Division of Corporations

Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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Foreign Limited Liability Company
It's Just Lunch Holdings LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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AUG 2 2020

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. It's Just Lunch Holdings 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. Nevada 20-3820780
(Jurisdiction under the law of which foreign limited liability company is organized) (FPI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0902, F.S. to determine penalty liability)

5. 74130 Country Club Drive, Suite 202 74130 Country Club Drive, Suite 202
(Street Address of Principal Office) (Mailing Address)
Palm Desert, CA 92260 Palm Desert, CA 92260

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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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.

By: C T Corporation System James M. Halpin Assistant Secretary
(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>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Kenneth Johnson</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Irene LaCota</u>
<input type="checkbox"/> Member	Address: <u>1453 3rd Street Promenade</u>	<input type="checkbox"/> Member	Address: <u>1453 3rd Street Promenade</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 305</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 305</u>
Person	<u>Santa Monica, CA 90401</u>	Person	<u>Santa Monica, CA 90401</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

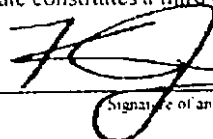
<input type="checkbox"/> Manager	Name: <u>Alan Peyrat</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Paul Gross</u>
<input type="checkbox"/> Member	Address: <u>50 Public Square, 29th Floor</u>	<input type="checkbox"/> Member	Address: <u>74130 Country Club Drive</u>
<input checked="" type="checkbox"/> Authorized	<u>Cleveland, OH 44113</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 202</u>
Person	_____	Person	<u>Palm Desert, CA 92260</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>Daniel J. Haynes</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Loren J. Schlachet</u>
<input type="checkbox"/> Member	Address: <u>50 Public Square, 29th Floor</u>	<input type="checkbox"/> Member	Address: <u>1453 3rd Street Promenade</u>
<input checked="" type="checkbox"/> Authorized	<u>Cleveland, OH 44113</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 305</u>
Person	_____	Person	<u>Santa Monica, CA 90401</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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
 Kenneth Johnson, Vice President and Secretary

Typed or printed name of signer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **IT'S JUST LUNCH HOLDINGS LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 08/22/2005, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/12/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202008121001456

You may verify this certificate
online at <http://www.nvsos.gov>