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INC.

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#### COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	TIFF'S TREATS TAMPA GI	LLC					
	Name of Limited Liability Company						
The enclosed Existence, ar	d "Application by Foreign Limi nd check are submitted to regist	ted Liability Company for Authorization to Transact Business in Florida," Certificate of ter the above referenced foreign limited liability company to transact business in Florida,					
Please return	all correspondence concerning	this matter to the following:					
	STEPHEN A. AGUILAR	8					
		Name of Person					
	MICHAEL BEST & FRIEDRICH LLP						
		Firm/Company					
	620 CONGRESS AVE	STE 200					
		Address					
AUSTIN. TX 78701							
		City/State and Zip Code					
	jordanramsey@eookiedeliv	rery.com					
	E-mail a	ddress: (to be used for future annual report notification)					
For further in	nformation concerning this mut	ter, please call:					
ST	EPHEN A. AGUILAR	512 320-060)					
	Name of Contact	Person Area Code Daytime Telephone Number					
	iling Address:	Street Address:					
	gistration Section	Registration Section					
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations					
		The Centre of Tallahassee					
1 31	nanassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Plea		ng amount:  ORIDA DEPARTMENT OF STATE  .00 Filing Fee &  S155.00 Filing Fee &  S160.00 Filing Fee. Certificate  Certificate of Status Certified Copy of Status & Certified Copy					

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

II.		<del></del>			_	
	name adopted for the purpose of transacting business in Flo			lity Company," "1, 1, C," or '	"L.I.€ "5	
TEXAS 2.		85 3.	-3671669			
(funsdiction under the law of w	which foreign limited liability company is organized)	·· <u> </u>	(FEI number,	ii applicable)	_	
i						
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determin	registration ( ne penalty liabili	ity)			
	Texas Highway, Ste 110	831	0-1 N. Capital of Texas Hi	ghway, Ste 110		
Street Address of Principal Office)		6	(Mailing Address)		-	
Austin, TX 78731		Aus	Austin, TX 78731			
		·	·		_	
				<b>2</b> 02	-	
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accep	ptable)	ALL ALL		
					دسدد	
Name:	Registered Agent Solutions, Inc.			\$5. S	3 122	
	155 Office Plaza Dr. Suite A		<del>_</del>	in in	e grand Geeall	
			<u></u>	ار ان		
Office Address:	<del></del>				· ·	
Office Address:	Tallahassee		32301	r., O		
Office Address:	Tallahassee (City)		32301 Florida	- <u>F</u>		

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:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Leon Chen	■Manager	Name: Tiffany Taylor Chen
□Member	Address: 8310-1 N Capital of Texas Hwy	□Member	Address: 8310-1 N Capital of Texas Hwy
□Authorized	Ste 110	□Authorized	Ste 110
Person	Austin, TX 78731	Person	Austin, TX 78731
□Other	Other	□Other	
⊡Manager	Name:	⊏Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	Other
□Manager	Name:	□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. 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

Stephen Aguilar, as Attorney of Fact for Leon Chen, Manager

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



### Office of the Secretary of State

#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Tiff's Treats Tampa GP, LLC (file number 803800510), a Domestic Limited Liability Company (LLC), was filed in this office on October 19, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 10, 2022.



John B. Scott Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB

Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services Document: 1128259460002