

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. Alys Beach Restaurant Group, 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. Wyoming 3. 86-3571949
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 5200 Gulf Drive #304 6. 8001 Centerview Parkway, Suite 103
(Street Address of Principal Office) (Mailing Address)
Holmes Beach, FL 34217 Memphis, TN 38018

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

Name: Larry R. Bray
Office Address: 5200 Gulf Drive #304
Holmes Beach, Florida 34217
(City) (Zip code)

FILED
2022
MAY 13
PH 12:17
NOTICE TO REGISTER
STATE
OF FL.

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.


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

Larry R. Bray

 Typed or printed name of signee

Exhibit A
Names and Addresses of Members & Manager

Names of Members & Managers	Addresses of Members & Manager
ERNEST R. KUYPER, Manager and Member	8846 Tour Circle Memphis, TN 38125
LARRY BRAY, Manager and Member	1829 Penshurst Drive Collierville, TN 38017
TIMOTHY GILLESPIE, Member	10233 Maple Springs Cove Lakeland, TN 38002
ERIC JOHN KUYPER, Member	3211 Stockade Drive Rapid City, SD 57702
AREND MATTHEW KUYPER, Member	1236 Chicago Avenue, Unit 603 Evanston, IL 60202
BRYAN LARRY VANDERPOL, Member	2308 Dean Drive Mitchell, SD 57301
JERRY KNAUSS, Member	55 Bonne Terre Drive Eads, TN 38028
PRESTON HUDSON, Member	9301 Laurel Hill Drive Lakeland, TN 38002
RICHARD DITTER, Member	9449 Poplar Avenue Germantown, TN 38138
TERRY MCFARLAND, Member	303 Fern Valley Cove North Cordova, TN 38018

CORY ANDERSON CARPENTER, Member	3245 Richland View Lane Bartlett, TN 38133
BENJAMIN JOPLIN GREAR, Member	219 LaGrange Creek Drive Eads, TN 38028
JEREMY DANIEL ARNOLD, Member	4211 N. Honeysuckle Lane Jackson, MS 39211
TAYLOR HOLLENBACH, Member	5180 Summer Meadows Lane Arlington, TN 38002
BRADLEY SELBY, Member	5684 W. Stately Oak Drive Arlington, TN 38002
SCOTT ROBINSON, Member	3901 Tamarron Circle #304 Memphis, TN 38125
THOMAS SCOTT MANES, Member	302 Perkins Extended Memphis, TN 38117
AARON MATTHEW NESS, Member	2707 W. 11 TH Street Yankton, SD 57078

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Alys Beach Restaurant Group, LLC

is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 29, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001000886**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 24th day of May, 2022 at 11:35 AM. This certificate is assigned ID Number 052144017.



Edward A. Buchanan
Secretary of State