

M0400000 1851

(Requestor's Name)

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(Address)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05/04/04 3:10:52 PM

*Flo Bar, LLC
1870 Hardeman Avenue
Macon, Georgia 31201*

April, 30, 2004

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

To whom it may concern,

Please find enclosed with this letter;

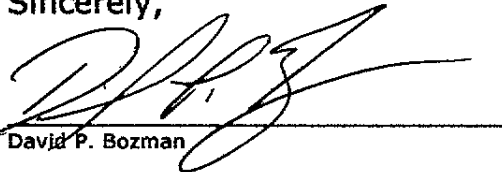
1. Our application as a foreign LLC for authorization to transact business in Florida.
2. Original certificate of existence, duly authenticated as requested.
3. Certificate of Designation of Registered Agent/Office.
4. Check number 094 made payable to Florida Department of State for the above mentioned services and also including payment for a Certified Copy (\$30.00) and Certificate of Status (\$5.00)

We request that when complete could you please forward correspondence to:

David P. Bozman
% Flo Bar, LLC
1870 Hardeman Avenue
Macon, GA 31201

Thank you for your assistance in this matter. Should you have any questions, please feel free to contact us at the number on the bottom of this letter.

Sincerely,


David P. Bozman

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -3 PM 10:52

*Phone: 478-972-3283
Email: dpbozman@yahoo.com*

**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. Flo Bar, LLC
(Name of foreign limited liability company)
2. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-0785550
(FEI number, if applicable)
4. March 1, 2004
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. On issue of certificate
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1870 Hardeman Ave
Macon, GA 31201
(Street address of principal office)

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

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

Kenneth A. Son, 1870 Hardeman Ave., Macon, GA 31201
David P. Bozman, 249 W. State Road 436, Suite 1101,
Altamonte Springs, FL
32714

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: _____

Anne Penman Franchise

[Signature]
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.)

David P. Bozman

Typed or printed name of signee

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DIVISION OF CORPORATIONS
04 MAY -3 PM 10:53

**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:

FLO BAR, LLC

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

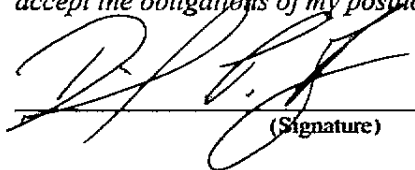
David P. Bozman
(Name)

249 W. State Road 436
Suite 1101

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

Altamonte Springs, FL 32714
(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.


(Signature)

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06/12/11 - 3 0410:53

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 041040269
CONTROL NUMBER : 0414110
DATE INC/AUTH/FILED: 03/01/2004
JURISDICTION : GEORGIA
PRINT DATE : 04/13/2004
FORM NUMBER : 211

DAVE BOZMAN
220 SUGARLOAF CIRCLE
MACON, GA 31204

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

FLO BAR, LLC
A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox
Secretary of State