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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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ORDER DATE :	February 5,	2013					
ORDER TIME :	9:53 AM						
ORDER NO. :	521355-010						
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FOREIGN FILINGS							8-5
NAME: BRASS TAP FRANCHISOR, LLC						F STATE FLORIGA	AM 50: 03
XXXX QUALIF	ICATION (TYE	PE: <u>LL</u>)					
PLEASE RETURN	N THE FOLLOWIN	IG AS F	PRO	OF OF FIL	ING:		
XX PLAIN	IFIED COPY N STAMPED COPY IFICATE OF GOO	_	DI	NG			
CONTACT PERSO	ON: Harry B.	Davis		EXT# 292	6		
			E	XAMINER:			

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

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

1. BRASS TAP FRANCHISOR, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Delaware 3. 35-2447919
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 35-2447919 (FEI number, if applicable)
4 April 9, 2012 5. Percetual
4. April 9, 2012 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6.
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. Sulo V. Cypress St., Suite A
Tampa, FL 33607 (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:
Buef's Bross Top, LLC
5660 W. Cypress St., Suite A
Tompo, FL 33607
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 eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Franchizer
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. 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.)
Chul Hope - CFD

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:

BRASS TAR	P FRANCHISOR, LLC						
If unavailab	ole, the alternate to be used in the	state of Florida is:					
2. The nam	ne and the Florida street address (of the registered agent and office are:	A Co				
	Corporation Service Company						
	(Name)						
	1201 Hays Street		1.938 V 05				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)						
	Tallahassee	FL 32301	ABA ABA				
		City/State/Zip					
liability con registered a statutes rela	npany at the place designated in the gent and agree to act in this capa ting to the proper and complete p	to accept service of process for the above this certificate, I hereby accept the appoint city. I further agree to comply with the prerformance of my duties, and I am familitered agent as provided for in Chapter 60 for the complex of the complex o	ntment as provisions of all iar with and				
	(Signa	ture)					
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)					

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BRASS TAP FRANCHISOR, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTH DAY OF FEBRUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRASS TAP FRANCHISOR, LLC" WAS FORMED ON THE NINTH DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5136933 8300

130129799

Jeffrey W Bullock, Secretary of State

AUTHENT CATION: 0192695

DATE: 02-05-13

You may verify this certificate online at corp.delaware.gov/authver.shtml