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CORETARY OF STATE

FEB 1 6 2016

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COVER LETTER

TO: Registration Section Division of Corporati	ions		
SUBJECT: Bee	F & Brady's	Apollo Beach f Limited Liability Company	LLC
			Fransact Business in Florida," Certificate of lity company to transact business in Florida
Please return all correspondence	e concerning this matter to the	ne following:	
	Michelle Knight	Name of Person	
		ollo Beach, LLC Firm/Company	
5660	W Cypress	ST Suite A	
	imps, FL 33 City/	State and Zip Code	
_ mkn	E-mail address: (to be us	chise co. Com ed for future annual report no	otification)
For further information concerni	ng this matter, please call:		
Michelle Name	of Contact Person	at (<u>813</u>) <u>72</u> Area Code Da	6-2333 ×353 ytime Telephone Number
MAILING ADDRESS Division of Corporation Registration Section Box 6327 Tallahassee, FL 32314	_	Division Registration Clifton Bu	cutive Center Circle
Enclosed is a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy APPLICATION

BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

IN FLORIDA

1. Beed Brady's Apollo Beach LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.	LC.")	····
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C," or "LLC.")	must inc	clude "Limited
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 35 - 2550687 (FEI number, if applicable)		
4. O3/01/2016 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 205 Apollo Beach Blud		
Apollo Beach, FL 33572 (Street Address of Principal Office) 6. 5660 W Cypress St Suite A Tamps, FL 33607	2016 FEB 15	F Jorgania
(Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	A 9:28	5
Office Address: Sub O W Cypress St. Suit A Tampa (City) Torida 33607 (Zip code)		
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability designated in this application, I hereby accept the appointment as registered agent and agree to act in this c to complywith the provisions of all statutes relative to the proper and complete performance of my duties, an accept the obligations of my position as registered agent. (Registered agent) signature)	apacity	. I further agree
3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Chrs Elliott CEO Michelle Knight CFO		
O. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cust jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of oath of the translator must be submitted)		

Signature of an authorized person

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.

Hichelle Knight
Typed or printed name of signee

FILED

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BEEF O BRADY'S APOLLO BEACH, 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 THIRTEENTH DAY OF JANUARY, A.D. 2016.

Authentication: 201659874

Date: 01-13-16