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| (Re | questor's Name) | | | | | | |
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| (Address) | | | | | | | |
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| PICK-UP | WAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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| TO: | | ration Section n of Corporation | 18 | | | | | |
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| SUBJI | | mple Terrace Pie | LLC | | | | | |
| | | | Name of | Limited Liability (| Company | | | |
| | | | | | | ansact Business in Florida," Certificate y company to transact business in Flori | | |
| Please | return all | correspondence c | concerning this matter to the | following: | | | | |
| | | Joel E. Dukart | | | | | | |
| | | Name of Person | | | | | | |
| | | Firm/Company | | | | | | |
| | | 2525 Concord Pike | | | | | | |
| | | Address | | | | | | |
| | | Wilmington, DE 19803 | | | | | | |
| | City/State and Zip Code | | | | | | | |
| | | jdukart@dukart.c | com | | | | | |
| | | ·· <u>·</u> | E-mail address: (to be use | d for future annual | report not | tification) | | |
| For fu | ther infor | mation concernin | g this matter, please call: | | | | | |
| | Joel E. | oel E. Dukart | | 917 at (| 359-9528 | | | |
| | | Name o | f Contact Person | Area Code | Day | time Telephone Number | | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | of Corporations ion Section uilding cutive Center Circle | | | | |
| Enclos | | eck for the follow ,00 Filing Fee | ing amount: ☐ \$130,00 Filing Fee & Certificate of Status | ■ \$155.00 Filin Certified Copy | ig Fee & | □ \$160.00 Filing Fee, Certificate of Status & Certified Copy | | |

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: Temple Terrace Pie 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.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5103 E. Fowler Avenue, Tampa, Florida 33617 (Street Address of Principal Office) 2525 Concord Pike, Wilmington, Delaware 19803 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Legal Services, LLC Name: 155 Office Plaza Drive, Suite A Office Address: , Florida _ 32301 Tallahassee (City) 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 complywith 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. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Joel E. Dukart, Manager, Douglas K. Lattner, Manager, Leslie Dukart, Manager, Michael S. Dukart, Manager Jeffrey F. Parker, Manager 2525 Concord Pike, Wilmington, Delaware 19803

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)

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.

Joel E. Dukart, Manager

Typed or printed name of signee

Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "TEMPLE TERRACE PIE 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 THIRTY-FIRST DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

A CONTRACTOR OF THE PARTY OF TH

Authentication: 202306838

Date: 03-31-17

6309080 8300 SR# 20172179626

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