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2017 SEP 21 AM 9: 40

K. SALY SEP 2 2 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 830350 5150630

AUTHORIZATION : Smelle Ble man

COST LIMIT : \$~130.00

ORDER DATE: September 21, 2017

ORDER TIME : 3:28 PM

ORDER NO. : 830350-005

CUSTOMER NO: 5150630

FOREIGN FILINGS

NAME: SWEETWATER FRANCHISE GROUP,

LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

XXX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:

Registration Section

Div	ision of Corporations				
SUBJECT:	Sweetwater Franchise	e Group, LLC			_
SUBJECT.		Name of L	imited Liability C	ompany	
The enclosed Existence, ar	1 "Application by Fore and check are submitted	ign Limited Liability Compa to register the above referen	any for Authorizat need foreign limite	ion to Tran d liability	nsact Business in Florida," Certificate of company to transact business in Florida
Please return	all correspondence co	oncerning this matter to the f	ollowing:		
	Jean Swanson, N	donroe Moxness Berg PA			
		Na	me of Person		
	Monroe Moxnes	s Berg PA			
		Fir	nn/Company		
	7760 France Av	e. S., Suite 700			
	·		Address		
	Minneapolis, M	N 55435			
		City/St	ate and Zip Code	•	
	jswanson@mmbl				
		E-mail address: (to be used	for future annual	report noti	fication)
For further i	nformation concerning	this matter, please call:			
Je	an Swanson, Monroe N	Joxness Berg PA	952 at (885-599	99
	Name o	Contact Person	Area Code	Day	time Telephone Number
Di ⁱ Re P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Hahassee, FL 32314	·		Division (Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301
	a check for the follow \$125.00 Filing Fee	ing amount: 1 \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng 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 605.0002 FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Sweetwater Franchise C			
(Numer of Foreign	Limited Liability Company; must include "Limit	ed Liability Company, ""L.L.C.," or "LLC")	
(Name of Foreign)	mined Claiming Company, wear more		
) 11	une adopted for the purpose of transacting business in Fl	enda. The alternate name trust include "Limited Linh	thry Company," "L.L.C." or "LLC")
	and residued the the lambiant to transmitting to make a man-		
enas	uch foreign limited hability company is organized)	3(FEI numb	er, if applicable)
(Introduction number the raw of will	act treefth interest mantaly exhibiting in organization		
			Z
	(Date first transacted business in Florida, if prior to thee sections 605 0904 & 605 0905, F.S. to determ	o repostration } mine penalty liability)	70/1 SEP 2
2018 Shepherds Pl.		6. 2018 Shepherds Pl.	SE
2018 Shepherds Pl. (Street Address of P	rincipal Office)	(Mailing Addi	551)
Sugar Land, TX 77479		Sugar Land, TX 77479	<u></u>
		_	<u> </u>
	a servicida analytorud nome: (P.O. Ho	s NOT acceptable)	
Name and street addres	s of Florida registered agent: (P.O. Ho		
Name:	Corporation Service Company	····	
	1201 Hays Street		
Office Address:	1207 Haya Guest		
	Tallahassec (Cip)	, Florida 32301 (App cod	
	(Ciry)	(Zip cod	e)
iving been named as re signated in this applica comply with the provise	gistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.	er and complete performance of my	in this capacity. I juriner ag duties, and I am familiar wit
signated in this applica comply with the provis	gistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent. Corporation Service Company By: V 1/1/1	as registered agent and agree to act er and complete performance of my Megan L. Bretz/Assistant Secre	in this capacity. I juriner ag duties, and I am familiar wit
iving been named as re signated in this applica comply with the provised accept the obligation	gistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent. Corporation Service Company By: (Registed 2006) Megan L. Bretz/Assistant Secretary	as registered agent and agree to act er and complete performance of my Megan L. Bretz/Assistant Secre	in this capacity. I juriner ag duties, and I am familiar wit
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wing been named as re signated in this applica comply with the provisi d accept the obligation The name, title or cap	gistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent. Corporation Service Company By: (Restated that Megan L. Bretz/Assistant Secretary) acity and address of the person(s) who	as registered agent and agree to acter and complete performance of my Megan L. Bretz/Assistant Secre signature) has/have authority to manage is/are:	to this capacity. I juriner ag duties, and I am familiar with tary Name and Address: Noordin Jhaver
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Typed or printed name of signee



Rolando B. Pablos Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Sweetwater Franchise Group, LLC (file number 802719304), a Domestic Limited Liability Company (LLC), was filed in this office on May 10, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Scal of State at my office in Austin, Texas on September 13, 2017.



Prepared by: SOS-WEB

R

Rolando B. Pablos Secretary of State

Come visit us on the internet at http://www.sos.state.ts.us/ Phone: (512) 463-5555 Fax: (512) 463-5709

TID: 10264

Dial: 7-1-1 for Relay Services Document: 761364260003