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From:	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	SEC FLORIDA	7 P# 3:03	The second of th

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### Foreign Limited Liability Company Gazebo Gourmet Group, LLC

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JUHHARRIS

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

IN COMPILANCE 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:

•	nited Liability Company: must include "Limited I		(T/C ")
		smorthly decapony. Bases to t	CLC. )
Georgia	adopted for the purpose of transacting business in Florid.	a. The alternate name must include "Lim	ated Liability Company," "L.L.C." or "LLC.")
		3. N/A	
	fiseign limited hability company is organized)	(F	El municer, if applicable)
NI/A			
4. <u>N/A</u>	(Date first trensacted business in Florida, if prior to reg (See sections 605 0904 & 605 0905, F.S. to determine	jikirarion. j	
			<b>、</b> ·
5. 3474 Hallcrest Drive		6. 3474 Hallcrest D	Jrive
Street Address of Princ Brookhaven, GA 30319	•	Brookhaven, GA	•
BIOOKIIAVEII, GA 30013	<del>,</del>		
			etzman
<ol><li>Name and <u>street address</u> c</li></ol>	of Florida registered agent: (P.O. Box ]	NOT acceptable)	proses.
N: P	Northwest Registered Agent, L	.LC.	8월 🛅 🖡
			10 TO 11
Office Address: 3	3030 N. Rocky Point Dr. STE 1	150A	
7	Tampa	Florida 336	07 ခြင့် မှာ ်
	(City)	, Florida <u></u>	(Zip code)
Registered agent's acceptar	nce:		;•
designated in this applicatio to comply with the provision	m, I hereby accept the appointment as is of all statutes relative to the proper a	registered/agent and agree :	imited liability company at the place to act in this capacity. I further agr of my duties, and I am familiar with
to comply with the provision	is of all statutes relative to the proper a of my position as registered agent.	registered/agent and agree :	to act in this capacity. I further agr
to comply with the provision	is of all statutes relative to the proper a of my position as registered agent.  Tou Glove	registereä/syent and agree i ind complete performance o	to act in this capacity. I further agr
to comply with the provision and accept the obligations o — —	is of all statutes relative to the proper a of my position as registered agent.  Tou Glove  (Registered agent's say	registered hyent and agree and complete performance of granue.	to act in this capacity. I further agr of my duties, and I am familiar with
to comply with the provision and accept the obligations o — —	is of all statutes relative to the proper a of my position as registered agent.  Tou Glove	registered hyent and agree and complete performance of granue.	to act in this capacity. I further agr of my duties, and I am familiar with
to comply with the provision and accept the obligations of the obligations of the same and accept the obligations of the same and the s	(Registered agent) (Registered agent) (Registered agent) (Name and Address)	registered in gent and agree and complete performance of granue)  There authority to manage is  Title or Capacity:	to act in this capacity. I further agr of my duties, and I am familiar with
to comply with the provision and accept the obligations of the obligation of t	is of all statutes relative to the proper a of my position as registered agent.  (Registered agent's squity and address of the person(s) who has	registered hyent and agree and complete performance of gradue)  Thave authority to manage is	of act in this capacity. I further agr of my duties, and I am familiar with  where:  Name and Address:  James Eichelberger  3030 N. Rocky Penk Dr. Sie 1904
to comply with the provision and accept the obligations of the obligations of the same and accept the obligations of the same and the same and the same acceptance of the same acceptan	is of all statutes relative to the proper a of my position as registered agent.  (Registered agent's signify and address of the person(s) who has Name and Address:  Gladys G Eichelberger	registered in gent and agree and complete performance of granue)  There authority to manage is  Title or Capacity:	of act in this capacity. I further agr of my duties, and I am familiar with  where:  Name and Address:  James Eichelberger
to comply with the provision and accept the obligations of the obligations of the same, title or capacity:  Manager	is of all statutes relative to the proper and my position as registered agent.  (Registered agent's signify and address of the person(s) who has Name and Address:  Gladys G Eichelberger  3474 Hallerest Drive Brooknawen, GA 30318	registered in the performance of the complete performance	of act in this capacity. I further agr of my duties, and I am familiar with  where:  Name and Address:  James Eichelberger  3030 N. Rocky Penk Dr. Sie 1904
to comply with the provision and accept the obligations of the obligations of the same and accept the obligations of the same and the s	is of all statutes relative to the proper a of my position as registered agent.  [Registered agent's significant and address of the person(s) who has Name and Address:  Gladys G Eichelberger  3474 Halscrest Drive	registered in gent and agree and complete performance of granue)  There authority to manage is  Title or Capacity:	of act in this capacity. I further agr of my duties, and I am familiar with  stare:  Name and Address:  James Eichelberger  3030 H. Rocky Point Dr. Sie 1934  Tampa, FL. 33607
to comply with the provision and accept the obligations of the obligations of the same, title or capacity:  Manager	(Registered agent.)  (Register	registered in the performance of the complete performance	of act in this capacity. I further agr of my duties, and I am familiar with  Name and Address:  James Eichelberger  3030 rl. Rocky Point Dt. Sie 190A  Tampe, FL 33607  Robert Masone
to comply with the provision and accept the obligations of all accept the obligations of the name, title or capacity:  Manager  Manager	is of all statutes relative to the proper and my position as registered agent.  (Registered agent's signify and address of the person(s) who has Name and Address:  Gladys G Eichelberger  3474 Hallerest Drive  Brooknaven, GA 30318  Elizabeth Eichelberger  303C N Rocky Point Dr. Ste 150A  Tampa, FL 33607	registered in the performance of the complete performance	of act in this capacity. I further agr of my duties, and I am familiar with  Name and Address:  James Eichelberger  3030 N. Rocky Point Dr. Sie 190A  Tampe, FL 33607  Robert Masone  3030 N. Rocky Point Dr. Sie 160A
8. The name, title or capaci Title or Capacity: Manager  Manager  (Use attachments if necessar	(Registered agent.  (Registered agent.)  (Registered agent's signify and address of the person(s) who has Name and Address:  Gladys G Eichelberger  3474 Holterest Drive  Brooknawen, GA 30319  Elizabeth Eichelberger  3030 N Rocky Point Dr. Ste 150A  Tampa, FL 33607	registered in gree and ugree and complete performance of graduct.  Thave authority to manage is Title or Capacity:  Manager  Manager	of act in this capacity. I further agr of my duties, and I am familiar with  Name and Address:  James Eichelberger  3030 N. Rocky Point Dr. Ste 150A  Tamps, FL 33607  Tamps, FL 33607
to comply with the provision and accept the obligations of a section of the secti	(Registered agent.  (Registered agent.)  (Registered agent's signify and address of the person(s) who has Name and Address:  Gladys G Eichelberger  3474 Hullerest Drive  Brooknawen, GA 30318  Elizabeth Eichelberger  303C N Rocry Point Dr. Ste 150A  Tampa, FL 33007  Try)  f existence, no more than 90 days old, d'which it is organized. (If the certificate	registered in gree and ugree and complete performance of the complete performance of t	of my duties, and I am familiar with  Ware:  Name and Address:  James Eichelberger  3030 N. Rocky Point Dr. Ste 150A  Tampa, FL 33607  Robert Masone  3030 N. Rocky Point Dr. Ste 150A  Tampa, FL 33607
8. The name, title or capacity:  Manager  Manager  (Use attachments if necessary of the translator must be sub-  10. This document is executed.	(Registered agent.  (Registered agent.)  (Registered agent's signify and address of the person(s) who has Name and Address:  Gladys G Eichelberger  3474 Hullerest Drive  Brooknawen, GA 30318  Elizabeth Eichelberger  303C N Rocry Point Dr. Ste 150A  Tampa, FL 33007  Try)  f existence, no more than 90 days old, d'which it is organized. (If the certificate	manager  Manager  Manager  Manager  (1) (b), Florida Statutes, I ar	Mane and Address:    Name and Address:   James Eichelberger     3030 H. Rocky Point Dr. Sie 1934     Tampe, FL 33607     Cial having custody of records in the ranslation of the certificate under out in aware that any talse information
8. The name, title or capacititle or Capacity:  Manager  Manager  (Use attachments if necessary). Attached is a certificate of jurisdiction under the law of of the translator must be sub	(Registered agent.)  (Register	manager  Manager  Manager  Manager  (1) (b), Florida Statutes, I ar	Mame and Address:  James Eichelberger  3030 N. Rocky Pent Dr. Ste 150A  Tampa, FL 33607  Robert Masone  3030 N. Rocky Pent Dr. Ste 150A  Tampa, FL 33607  cial having custody of records in the ranslation of the certificate under out m aware that any talse information for in s.817.155. F.S.

Typed or printed name of signice

Morgan Noble

Control Number: 18039233

#### STATE OF GEORGIA

## **Secretary of State**

Corporations Division
313 West Tower
2 Martin Luther King, 3r. Dr.
Atlanta, Georgia 30324-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Gazebo Gourmet Group, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below 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.

3.0

47.

Docket Number : 15795539 Date Inc/Auth/Filed: 03/20/2018 Jurisdiction : Georgia Print Date : 05/17/2018

Form Number : 211

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B: P. Kemp Secretary of State