11/8000010619

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
`	·	
Certified Copies	Certificates	of Status
Certified Copies		
		
Special Instructions to	Filing Officer:	}
		ĺ
		1
		1

Office Use Only



300320518533

11/09/18--01015--011 **100.00

__ 09/26/18--01016--020 **25.00

18 NOV -9 AH 6: 50

K. SALY

COVER LETTER

	Registration Section Division of Corporation	ns				
SUBJECT		aurant Group, LLC				
		Name of I	Limited Liability C	Company	·	
					ensact Business in Florida," Co y company to transact business	
Please retu	urn all correspondence	concerning this matter to the	following:			
	Maria Stoneh	ouse				
Name of Person						
Boiling Crab Restaurant Group, LLC Firm/Company						
	14331 Euclid Street, Suite 207					
			Address	-	 	
	Garden Grove	e, CA 92843				
		City/Si	tate and Zip Code			
	maria@theboili					
		E-mail address: (to be used	for future annual	report not	ification)	
For furthe	r information concernin	g this matter, please call:				
N	Maria Stonehouse		646 _ at (716-18 		
_	Name o	of Contact Person	Area Code	Day	time Telephone Number	
T. R P	MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Fallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding ecutive Center Circle ee, FL 32301	
	is a check for the follow \$125.00 Filing Fee Signal All States (1994) Signal All States (1994)	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Certi of Status & Certified Copy	ificate

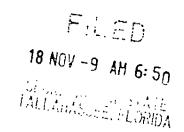
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

South Miami, FL 33143 Garden Grove, CA 92843 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N Rocky Point Dr STE 150A Tampa (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 lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further the provisions of all statutes relative to the proper and complete performance of my duties, and I am family accept the obligations of my position us 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:	Boiling Crab Restaura (Name of Foreign	ant Group, LLC Limited Liability Company; must include "Limite	d Liability Company," "L.	L.C.," or "LLC.")	
(Due first transacted humores in Plonds, if poter to regardation) (See sections 603, 900 h & 60	f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	rida. The alternate name must i	include "Limited Liability (Company," "L.L.C," or "LLC.")
Discrete from massered basiness in Florida, if prior to registration.) (See securing 605 6984 & 605,0905, F.S. to determine penalty liability) 5829 SW 73rd Street, Unit 4 (See address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: Registered Agents Inc. Office Address: 3030 N Rocky Point Dr STE 150A Tampa , Florida 33607 (City) (Zip code) Legistered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated limited liability company at seignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furnation accept the obligations of my position us registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address CEO Dada Ngo 14331 Euclid St Use attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record for the translator must be submitted) O. This document is executed in accordance with section 605.0203 (1) (b). Eldrida Statutes. I am aware that any false inform	California		3 38-3884294	4	
(Casy) (Casy)		hich foreign limited liability company is organized)		(FEI number, if a	applicable)
South Miami, FL 33143 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N Rocky Point Dr STE 150A Tampa (City) Registered agent and to accept service of process for the above stated limited liability company at signated in this application. I hereby accept the appointment as registered agent and accept the obligations of my position as registered agent. (Registered agent as signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address of the person(s) who has/have authority to manage is/are: Title	12/1/2018				
(Sweet Address of Francipal Office) South Miami, FL 33143 Sarden Grove, CA 92843 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N Rocky Point Dr STE 150A Tampa (City) (Zip code) registered agent's acceptance: awing been named as registered agent and to accept service of process for the above stated limited liability company at signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I fut comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent. (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address CEO Dada Ngo 14331 Euclid St Use attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recorrisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate of the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Eldrida Statutes. I am aware that any false inform		(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine the control of th	registration.) ine penalty liability)		_
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N Rocky Point Dr STE 150A Tampa Florida 33607 (City) (City) (Zip code) egistered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at a signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fut comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial accept the obligations of my position as registered agent. (Registered agent's signature) Title or Capacity: Name and Address: Title or Capacity: Name and Address Title or Capacity: Name and Address: Title or Capacity: Name and Address OEO Dada Ngo 14331 Euclid St Use attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recorrisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate of the translator must be submitted) On This document is executed in accordance with section 605,0203 (1) (b), Exprida Statutes, I am aware that any false inform			6. 14331 Eucli	d Street, Suite 20	07
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N Rocky Point Dr STE 150A Tampa Florida 33607 (City) registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I fut comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family accept the obligations of my position us registered agent. (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address CEO Dada Ngo 14331 Euclid St Use attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recornsidiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the cer			0-1-0-	-	<u></u>
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N Rocky Point Dr STE 150A Tampa Florida 33607 (City) (Zip code) registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at signature in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I functionary with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recording the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Eldrida Statutes. I am aware that any false inform	South Miami, FL 331	43	Garden Gro	ve, CA 92843	五五五
Name: Registered Agents Inc. Office Address: 3030 N Rocky Point Dr STE 150A Tampa , Florida 33607 (City) (Zip code) registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fut comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family daccept the obligations of my position as registered agent. (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address CEO Dada Ngo 14331 Euclid St Dada Ngo 14331 Euclid St Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recorrisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate up the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Elégrida Statutes. I am aware that any false inform					33.
Office Address: 3030 N Rocky Point Dr STE 150A Tampa (City)	Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		· · · · · · · · · · · · · · · · · · ·
Office Address: 3030 N Rocky Point Dr STE 150A Tampa (City) (City)	Name:	Registered Agents Inc.			9
Tampa (City)					
(City) (Zip code) registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fut comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family decept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address CEO Dada Ngo 14331 Euclid St Discrete agent's signature Name and Address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address Title or Capacity: Name and Address Ober attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recornisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Exercise Statutes. I am aware that any false inform	Office Address:				
registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. If further this comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family daccept the obligations of my position as registered agent. (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address CEO Dada Ngo 14331 Euclid St Description as a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recording control of the certificate is in a foreign language, a translation of the certificate us the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Exercise Statutes. I am aware that any false inform		Tampa	, Flori	da <u>33607</u>	_
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recordisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate uthe translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Elignida Statutes. I am aware that any false inform		· · · · · · · · · · · · · · · · · · ·		(Zip code)	
Dada Ngo 14331 Euclid St Jse attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recorrisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate unithe translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Eligrida Statutes. I am aware that any false inform	. The name, title or capa		as/have authority to m		
Jse attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recorrisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate of the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Eldrida Statutes. I am aware that any false inform	Title or Capacity:	Name and Address:	Title or Capaci	<u>ity:</u> <u>N</u>	ame and Address:
Use attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recorrisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate of the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Eleptida Statutes. I am aware that any false inform	CEO	: 			
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recorrisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Figrida Statutes. I am aware that any false inform		14331 Euclid St	-	_	
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recorrisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Expride Statutes. I am aware that any false inform			_	~	
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recordisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate uthe translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Expride Statutes. I am aware that any false inform					
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recorrisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Figrida Statutes. I am aware that any false inform	Ica attachments if naces		=	-	
risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate unit the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Eleptida Statutes. I am aware that any false inform	ose attacaments it neces	sary)			
	risdiction under the law-	of which it is organized. (If the certificat			
Signiture of arkundorized person		Signature	of an authorized person		
Maria Stonehouse		Wario	Stoneho	use	

State of California Secretary of State

CERTIFICATE OF STATUS



ENTITY NAME: BOILING CRAB RESTAURANT GROUP, LLC

FILE NUMBER: FORMATION DATE:

201301710146

TYPE:

01/16/2013 DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 29, 2018.

ALEX PADILLA Secretary of State