1282000011

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(Business Entity Name) (Document Number)
(Business Entity Name) (Document Number)
(Document Number)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



700324969147

02/25/19--01020--019 **125.00

FILED
2010 FEB 25 P 7 28

Office Use Only

COVER LETTER

Registration Section Division of Corporations

TO:

	N	ame of Limite	d Liability (Company		
	"Application by Foreign Limited Liabilit id check are submitted to register the abov					
lease return	all correspondence concerning this matte	er to the follow	ving:			
	Cathy Edwards					
		Name o	t Person			
	Eat Crave LLC			N	,	•
		Firm/Co	ompany	71.	FG CO	77
	27913 Smyth Dr.				fr. 2	ガードで
	· · · · · · · · · · · · · · · · · · ·	Add	ress	<u>و</u> س	ับา	TT
	Valencia, CA 91355				لمبيد	C
		City/State an	ıd Zip Code	2.7. 2.7. 2.7.	29	
	cathy@outoftheboxfranchises.com			ア		
	E-mail address: (to	be used for f	uture annual	report notification)		
or further in	formation concerning this matter, please	call:				
Cat	hy Edwards	at (805	433-2648		
	Name of Contact Person	uv _	Area Code	Daytime Telephone Number		
Divi Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	losed is a check for the following amount:					
_	ise make check payable to: FLORIDA DI	_	_			
	\$125.00 Filing Fee \$130.00 Filin	ig Fee & L e of Status		Filing Fee & U \$160.00 Filing I ed Copy of Status & Cert		

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

IN COMPLANCE 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:

name imavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	onda The a	lternate name must include "Limited	Liability Company,"	L I, C," or "	LIC	
Delaware		3.	83-1636171				
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI n	(FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to	registration	1)) 19 		
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	une penalty	•		ia : :	1	
Eat Crave LLC		6.	Eat Crave LLC	<i>\frac{1}{2}</i>	්ට '	Y-~-	
(Street Address of I	Principal Office)	0.	(Mailing /	Address)	U	Ţ	
27913 Smyth Dr.			27913 Smyth Dr.		"Ü	ĭ	
Valencia, CA 91355			Valencia, CA 91355		با 29		
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Bo	NOT.	acceptable)				
Name:	Steve Freedman						
Office Address:	1801 NE 123rd Street, Suite 311						
	North Miami		33181				
			. Florida				

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 comply with 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. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Cathy Edwards Name: Steve Freedman Manager Manager 27913 Smyth Dr. 17111 Biscayne Blvd. #2410 Address: ☐ Member Member Valencia, CA 91355 North Miami Beach, FL 33160 Authorized Authorized Person Person Other_ Other___ Other Other____ Name: Max Freedman Manager Manager Manager Name: Address: __ = 17301 Biscayne Blvd. #707 Member Member North Miami Beach, FL 33160 Authorized Authorized Person Person Other____ Other__ Other_ Manager Manager Name: Address: ____ Member Member Address: Authorized Authorized Person Person Other_ Other____ Other____ Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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) 10. 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. Signature of an authorized person Cathy Edwards

Typed or printed name of signee

Page 1

Delaware The First State

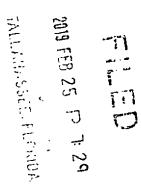
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EAT CRAVE 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 TWENTY-FIFTH DAY OF JANUARY, A.D. 2019.





7006465 8300

SR# 20190509805

Authentication: 202148125 Date: 01-25-19

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

Jeffrey W. Buffocs, Secretary of State