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Fax Number: (855)330-1010

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#### Foreign Limited Liability Company Cocina Cubana, LLC

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STAILTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE SEATE OF FLORIDA.

| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   | Cocina Cubana, LLC                  | 2  |  |   |  |
|--|-------------------------------------|--|--|---|--|
| Description   Secretary   Description   De   | (Name of Foreign                    | Limited Fiability Company, must include Tim  | rted Liabibity Company, "T. L.C., ' or "El C | ``)   |  |
| Description      | ·                                   |  |  |   |  |
| Upon Qualification  (Date first transfered horizon in Florida, Prime transportation)  (Part florida in transfered horizon in Florida, Prime transportation)  (Part florida)  ( | name mavailable, enter alternate re | and adopted for the purpose of transacting business in b   |  | Lightling Company, 17t. E.C. for 111C,")        |  |
| Upon Qualification  (Date best transcried features in Florids, if per to registrates)  7901 4th St N STE 300  Street Address of Placific (P.O. Box MOT acceptable)  Name: Northwest Registered agent: (P.O. Box MOT acceptable)  Name: Northwest Registered Agent LLC  Office Address: 7901 4th St N STE 300  St. Petersburg  St. Petersburg  St. Petersburg  Florida 33702  St. Petersburg  Florida 13702  Florida 137 |                                     |  |  |   |  |
| The later transfered inforces in Florish Post is designated in hisblains   | (Jurisdiction under the law of wi   | ach foreign limited liability company is organized)  | () l-3 ni                                    | militari, if applicables                        |  |
| The latest transcript interest in Hearth of Proportion is registered to the proper in the biding of National Address of Plansipal Office of St. Petersburg, FL 33702   St. Petersburg, FL 33702   St. Petersburg, FL 33702   | Upon Qualification                  |  |  |   |  |
| Note Address of Phisipal Office)   St. Petersburg, FL 33702   St. Petersburg, FL 33702   St. Petersburg, FL 33702   St. Petersburg, FL 33702   |                                     | (Date liest transacted business in Handa, if proof   | lo registration i                            |   |  |
| St. Petersburg, FL 33702  St. Petersburg, FL 33702  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Northwest Registered Agent LLC  Office Address: 7901 4th St N STE 300  St. Petersburg Florida 33702  St. Petersburg Florida States  Total St. Petersburg Florida States  St. Petersburg, FL 33702  St. Petersburg, Florida States  St. Petersburg, FL 33702  St. Petersburg, Florida States  St. Petersburg, FL 33702  St. Petersburg, Florida States  St. Petersburg, Florida State | 7004 445 C4 N CTC                   |  | ·  | <b>1</b> 0                                      |  |
| St. Petersburg, FL 33702  St. Petersburg, FL 33702  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Northwest Registered Agent LLC  Office Address: 7901 4th St N STE 300  St. Petersburg Florida 33702  St. Petersburg Florida States  Total St. Petersburg Florida States  St. Petersburg, FL 33702  St. Petersburg, Florida States  St. Petersburg, FL 33702  St. Petersburg, Florida States  St. Petersburg, FL 33702  St. Petersburg, Florida States  St. Petersburg, Florida State |                                     |  | 6. 1901 4(11 St N STE 300                    |   |  |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Northwest Registered Agent LLC  Office Address: 7901 4th St N STE 300  St. Petersburg Florida 33702  (Cop) Florida 33702  egistered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability composing and this application. I hereby accept the appointment as registered agent and agree to act in this capacity explored in this applications of all statutes relative to the proper and complete performance of my duties, and I amend accept the obligations of my position as registered agent.  (Reposered sponts operators)  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: Address  | •                                   |  |  |   |  |
| Name: Northwest Registered Agent LLC  Office Address: 7901 4th St N STE 300  St. Petersburg , Florida 33702  (Cop) , Florida 33702  (Cop) (Cop) , Florida 33702  (Cop) ( | <u> </u>                            |  |  | 1   |  |
| Name: Northwest Registered Agent LLC  Office Address: 7901 4th St N STE 300  St. Petersburg Florida 33702  (Cons) Florida 33702  (Cons) (Cons) (Cons) (Cons)  St. Petersburg Florida 33702  (Cons) (Cons) (Cons) (Cons)  (Cons) (Cons) (Cons) (Cons) (Cons)  (Cons) (Co |                                     |  |  | ······································          |  |
| Name: Northwest Registered Agent LLC  Office Address: 7901 4th St N STE 300  St. Petersburg , Florida 33702  (Cop.) (Cop.) (Cop.) (Cop.)  Registered agent's acceptance: awing been named as registered agent and to accept service of process for the above stated limited liability compassignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am ad accept the obligations of my position as registered agent.  To Glave (Reposered spoil & opinions)  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: Name and A BABR Elizabeth Leftwich  303 region Ones  Answ. On 303 9  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate translator must be submitted)  This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, I am aware that any false   |                                     |  |  | ,   |  |
| Office Address:    Total   St. Petersburg   St. Petersbur | Name and street addres              | s of Florida registered agent: (P.O. Bo  | ox NOT acceptable)                           |   |  |
| St. Petersburg  St. Petersburg | Name:                               | Northwest Registered Agent LL  | С  | , '   |  |
| St. Petersburg  St. Petersburg  St. Petersburg  (Cosy)  Florida 33702  (Appeals)  registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability composing and in this application. I hereby accept the appointment as registered agent and agree to act in this capacity comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am ad accept the obligations of my position as registered agent.  Tor Glave  (Registered spent's symmetry)  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 A  AMBR  Elizabeth Leftwich  315 (Pageon Cost  Amous GA 2019  Amous GA 2019  Use attachments if necessary)  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of trisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate translator must be submitted)  This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, I am aware that any false  | · · · • •                           | 7001 Up CLN: CTT 200   |  | 1   |  |
| egistered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability compacting part of the application. I hereby accept the appointment as registered agent and agree to act in this capacity comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I amend accept the obligations of my position as registered agent.  [Registered agent.]  [Registered agent and to accept the above stated limited liability compactive of my duties, and I amend a accept the obligations of my position as registered agent.  [Registered agent as a capacity to manage is are:  [Title or Capacity:    Name and Address:   Title or Capacity:   Name and Address:   | Office Address:                     | 790 1 4th St N STE 300   | <del></del>                                  |   |  |
| egistered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability compa  signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity  comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I an  ad accept the obligations of my position as registered agent.  (Registered agent is opnious)  (Registered agent is opnious)  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 A  Blizabeth Leftwich  3131 registered agent.  About GA 10319  Use attachments if necessary)  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of  trisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate must be submitted)  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false   |                                     | St. Petersburg   | Florida 33702                                | <i>∵</i>  |  |
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| Title or Capacity:  AMBR  Elizabeth Leftwich  31/2 redecest Date About 6A 30319  AMBR  James Eichelberger  34/4 redecest Date Areate GA 10319  Use attachments if necessary)  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of trisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate translator must be submitted)  6. This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, I am aware that any false   |                                     | (Registered speni  | Ls Ophialore (                               |   |  |
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Control Number: 18055186

## STATE OF GEORGIA

### Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Cocina Cubana, 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.

Docket Number : 16886544 Date Inc/Auth/Filed: 04/25/2018 Jurisdiction : Georgia Print Date : 03/18/2019 Form Number : 211



Brad Raffonspeger

Brad Raffensperger Secretary of State