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(Ci	ty/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	
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June 18, 2019

JEFFREY WEISS 11063 OAKDALE RD BOYNTON BEACH, FL 33437

SUBJECT: HUSKEYBITES LLC Ref. Number: W19000057576

We have received your document for HUSKEYBITES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 519A00012245

RECEIVED

JUL 08 2019

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: HUSKEYBITES LLC Name of Limited Liability Company
The enc Existence	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of the case, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please re	eturn all correspondence concerning this matter to the following:
	JEFFREY R WEISS Name of Person
	DBA - JEA REALTY INVEST MENTS
	11063 OAKDA/E ROAD Address
	BOYNTON BEACH, F. 1 33437 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
	Enclosed is a check for the following amount:
	Please make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\$130.00 Filing Fee & \$\$155.00 Filing Fee & \$\$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPHANCE WITH SECTION 605,0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. HUSKEY BITES LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
OBA - JEA REALTY TNUESTMENTS LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company." "LLC." or "ILC")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. STATE OF UTAIT (Jurisdiction under the law of which foreign limited liability company is organized) 3. S3-4576915 (FEI number, if applicable)
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability.)
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability)
5. 10471 5 JORDAN Gtwy 6. 11063 OAFDALE RD (Street Address of Principal Office) 6. 11063 OAFDALE RD
STE 600 BOYNTON BEACH,
STE 600 BOYNTON BEACH, SOUTH JORDAN SHOPS FLORIDA 33437 5
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: SEFFERY R WEKS
Office Address: 11063 DAKNALE ROAN
BOYNTON BEACIED, Florida 33437 (City) (Zip code)
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. (yestsucred 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: JEFFERY ROBERT WEISS Manager Manager Name: _____ Address: _____ Member Address: 11063 OAKSALE PIS ☐ Member Authorized Authorized Person Person Other_ Other_ Other___ Other____ Manager Manager Name: _____ ☐Member Member Address: Authorized Authorized Person Person Other Other____ Other___ Name: Manager ■ Manager Name: Member ☐ Member Address: Authorized Authorized Person Person

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

Other_

Other_

Other____

Other_

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

Signature of an authorized person

Effect

Typed or printed name of timper



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

07/05/2019 11276128-016007052019-668723

CERTIFICATE OF EXISTENCE

Registration Number:

11276128-0160

Business Name:

HUSKEYBITES, LLC

Registered Date:

April 29, 2019

Entity Type:

LLC - Domestic

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jan Stupe

Jason Sterzer Director Division of Corporations and Commercial Code