# 719000008345

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

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 15, 2019

MICHELLE KNIGHT 5660 W CYPRESS ST, STE A TAMPA, FL 33607

SUBJECT: BEEF O BRADY'S SEBRING, LLC

Ref. Number: W19000075922

We have received your document for BEEF O BRADY'S SEBRING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

www.sunbiz.org

Letter Number: 819A00016923

#### **COVER LETTER**

	Registration Section Division of Corporation	18								
SUBJEC	Beef O Brady's Sebi	ring, LLC								
•		Name of Limited Liability Company								
				ation to Transact Business in Florida," ited liability company to transact busin						
Please re	turn all correspondence c	concerning this matter to the fol	lowing:							
	Michelle Knigh	ıt								
		Name	e of Person							
SUBJECT  The enclor Existence, Please retu  M D R P T	5660 W Cypres	5660 W Cypress St Suite A								
		Address								
	Tampa, FL 336	Tampa, FL 33607								
	-	City/State and Zip Code								
	mknight@fscfran	nchiseco.com								
		E-mail address: (to be used for	r future annua	report notification)						
For furthe	er information concerning	g this matter, please call:								
	Michelle Knight	a	813 t (	226-2333						
•	Name o	f Contact Person	Area Code	Daytime Telephone Number						
i ! !	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
	Enclosed is a check for th Please make check payab	ne following amount: le to: FLORIDA DEPARTM	ENT OF STA	ТЕ						
	S125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00	Filing Fee & S160.00 Filing Fed Copy of Status & Cert						

#### 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:

(Name of Foreign I	LLC amited Liability Company; must include "Limite	d Liability	Company," "L	.L.C.," or "LLC.")	<del>-</del>				
	me adopted for the purpose of transacting business in Flo	voida 'The al	ternale name must	include "Limited Liability	Company,""	'l. lC," or "	LLC.";		
name unavailable, enter alternate na	me adopted for the purpose of transacting business in Fig.	rica, file at			• •				
Delaware		84-2640766							
(Junsdiction under the law of which foreign limited liability company is organized)			3. (FEI munber, if applicable)						
08/19/2019									
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration	) liability)		<del></del>				
2940 US Highway 27 1	V.	6.	5660 W Cy	press St					
(Street Address of Principal Office)		O.	(Mailing Address)						
			Suite A						
Sebring, FL 33870			Tampa, FL	33607		_			
Name and street address of Florida registered agent: (P.O. Box			acceptable)		-	2619 NUS 2	١,		
Name:	Michelle Knight				•	7			
Office Address:	5660 W Cypress St Suite A				; ; ;; ; ;	PM 4:0			
	Tampa		, Flo	33607 rida		ŧ.			
•	(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.

Michielle Munt
(Regulered 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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Michelle Knight Name: Chris Elliott Manager Manager 5660 W Cypress St Suite A 5660 W Cypress St Suite A Member Address: Address: Member Tampa, FL 33607 Tampa, FL 33607 Authorized Authorized Person Person Other Other\_\_\_\_ Other Other Manager Name: \_\_\_\_ Manager Manager Name: \_\_\_\_\_ Member Address: Member Address: \_\_\_\_\_ Authorized Authorized Person Person Other\_\_\_\_ Other\_ Other ☐ Manager Manager Name: \_\_\_\_\_ ☐ Member Address: \_\_\_\_ Address: \_ ☐ Member 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. Michaelle Kunght

Signature of an authorized person Michelle Knight

Typed or printed name of signee



August 21, 2019

Florida Department of State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Fl 32301

#### To Whom it May Concern:

I previously submitted a registration for a new business in Florida (Beef O Bradys Sebring, LLC.) Document Number is W19000075922. My application was rejected due to not including a Certificate of Good Standing. Resending my information with a Copy of our Certificate of Good Standing.

Thank You,

Michelle Knight

FSC Franchise Co, LLC

5660 W Cypress Street Suite A

Tampa, FL 32607





Department of State / Division of Corporations / Search Records / Detail By Document Number /

### **Detail by Entity Name**

Rejected Filing

BEEF O BRADY'S SEBRING, LLC

**Filing Information** 

**Document Number** 

W19000075922

Filed Date

08/15/2019

Expire at Usual Time

Υ

Penalty Fee

00.00

**Associated Document** 

Number

**Document Type** 

MICHELLE

Filed By

VIIOTILL

**KNIGHT** 

5660 W CYPRESS ST, STE A

TAMPA, FL 33607

Document Images

No images are available for this filing.

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BEEF O BRADY'S SEBRING, 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 SIXTH DAY OF AUGUST, A.D. 2019.

7550108 8300 SR# 20196371809

Authentication: 203362411

Date: 08-06-19