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Help



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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO RECISIER A FOREIGN LIMITED LL COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter altamate	name adopted for the purpose of transacting business in Fix	anda. The A	hereate name must	include "Limited Liability Com	perpy," "L.L.C.	ست و
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(Jurisdiction under the law of which foreign housed liability company is organized)		3.				<u>G</u> .
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10-14-2019					(p)	
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	(Date first transmoted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	repetration ine penalty) reballey)		w.	웃
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Name:	Corporate Creations Network Inc. 11380 Prosperity Farms Rd. #221E		oceptable)	33410 da		

d as registered agent and to accept service of process for the above stated limited liability company at the pl designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w and accept the obligations of my position as registered agent.

Ashley Goldsmith, Special Secretary

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorize manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Manager Franchise Group Name and Address: Manager Member Name: ___ Intermediate L 2 LLC Member | 1718 Corporate Landing Pkwy Address: __Authorized Authorized Vîrginîa Beach, VA 23464 Person Person Other Other____ Other_ Manager Manager | Name: Member Address: ☐ Member Address: Authorized ☐ Authorized Person Person Other_ Other___ ☐Other_ Other__ Manager Name: ____ Manager Name: Member Address: ____ ☐ 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 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. ath 994DF7C10771403... Signature of an authorized person Kathleen Curry, Secretary of Franchise Group Intermediate L 2 LLC Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO REREBY CERTIFY "JTH TAX 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-SEVENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JTH TAX

FORMED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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

Authentication: 203682018

Date: 09-27-19

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