M190000 10689

(Reques	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/Sta	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
	·	
(Docum	ent Number)	
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Certified Copies	Cartificates of	Status
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Special Instructions to Filing	g Officer:	

Office Use Only



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2021 NEC -2 PH 6: 56

DEC 13 2011



December 3, 2021

TODD M FELSEN 306 S HENRY ST, STE 200 WILLIAMSBURG, VA 23185

SUBJECT: OUR TOWN HOSPITALITY, LLC

Ref. Number: M19000010689

We have received your document for OUR TOWN HOSPITALITY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6842.

Letter Number: 321A00029118

Deborah Bruce Corporate Records Supervisor II

www.sunbiz.org

COVER LETTER

TO:	Registration Section							
	Division of Corporations				2021 000 -	G M	<u>۶</u> ٠ ۵ ۵	ì
SUBJ			Hospitality			_	0.63	•
	Na	me of Foreign L	imited Liabili	ity Company	,			
Dear S	ir or Madam:							
The er	closed application, certifica	te and fee(s) are	submitted for	r filing.				
Please	return all correspondence co	oncerning this m	natter to the fe	ollowing:				
	Todd M Fo	elsen						
	Name of P	erson						
	Our Town Hosp	itality LLC						
,	Firm/Com	pany						
	306 South Henry St	reet, Suite 20	0					
	Addres		· · · · · ·					
	Williamsburg, Vir	ginia 23185				S ::'E	202	
	City/State	and Zip Code				4 <u>1</u>	2021 BEC	
	tfelsen@ourtownh	ospitality.com				11. 2.	2	
E-m	ail address: (to be used for	uture annual rej	port notification	on)		15.7	[] []	
						:	à.	•
For fu	rther information concerning	g this matter, ple	ase call:			7.7	<u>ಲ</u> ಬ	
	Todd M. Felsen	at	(757	70	03=7258			
	Name of Person		Area Code d	& Daytime T	elephone Numb	er		
	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, Florida 32301	cle		Registration of P.O. Box	of Corporations			
	sed is a check for the follow 5 Filing Fee	~	S55 Filing Certified		560 Filing Fe Certificate of Certified Co	Status	&	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears State: OUR T		•	
Enter new principal office address, if applicable			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			_
2. The Florida document number of this limited	liability company is:	M19000010689	
Jurisdiction of its organization:	VA	<u></u>	2021 DE
4. Date authorized to do business in Florida:	10/28	/2019	·
SECTION II (5-9 complete only the applicab	le changes)	٠.	· · · · · · · · · · · · · · · · · · ·
5. New name of the limited liability company: (m) (If name unavailable, enter alternate name adopt copy of the written consent of the managers or r	ted for the purpose of transacti	ng business in Florida and	d attach a
must contain "Limited Liability Company," "L.l 6. If amending the registered agent and/or regist registered agent and/or the new registered office Name of New Registered Agent:	L.C." or "LLC.") ered officer address on our rece address here:		
New Registered Office Address:	 .		
	Enter Flo	orida Street Address	
_	City	, Florida Zip C	ode
New Registered Agent's Signature, if changing I hereby accept the appointment as registered at the provisions of all statutes relative to the propand accept the obligations of my position as regional document is being filed to merely reflect a chan liability company has been notified in writing of	Registered Agent: gent and agree to act in this cover and complete performance vistered agent as provided for it ge in the registered office addr	pacity. I further agree to of my duties, and I am far n Chapter 605, F.S. Or, i	comply wit niliar with (this

ACTION BY UNANIMOIUS WRITTEN CONSENT IN LIEU OF A MEETING OF THE DIRECTORS OF OUR TOWN HOSPITALITY, LLC

Dated as of December 1, 2021

THE UNDERSIGNED, being the Director, as that term is defined in the Operating Agreement of the Company (the "Operating Agreement") of Our Town Hospitality, LLC, a Virginia limited liability company (the "Company"), acting by written consent in lieu of meeting, hereby waives all notices of time, place, or purpose of a meeting and consents to, approves, and adopts the following resolutions and hereby directs that this consent be placed in the minutes of the proceedings of the Company:

Liquor License

WHEREAS, Section 5.2 of the Operation Agreement provided that the Directors may delegate management authority;

NOW, THEREFORE, BE IT RESOLVED, that the following manager of the Company is hereby authorized to execute and file on behalf of the Company all requisite papers and documents relating to any liquor license required by the Company, and that the execution by such person of any such paper or document or the doing by him of any act in connection with the foregoing matters shall conclusively establish his authority therefore from this Company and the approval and ratification by this Company, of the papers and documents so executed and the action so taken:

Name Title
Todd M. Felsen Manager

FURTHER RESOLVED, that any and all actions heretofore taken by the foregoing individual, which actions are within the scope of their duties, are hereby ratified, approved, confirmed and accepted in all respects;

FURTHER RESOLVED, that the authorized Manager be, and each hereby is, authorized to execute and deliver, or cause to be executed and delivered, all further agreements, certificates, instruments and other documents and to take, or cause to be taken, all further action (including the authorization of any change, addition, modification, or