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> PO Box 551 Tallahassee, FL 32302

Via Hand Delivery

MEMORANDUM

TO:

Florida Department of State

Division of Corporations
The Centre of Tallahassee

2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

FROM:

Maggie M. Schultz

DATE:

December 18, 2019

RE:

Applications by Foreign Limited Liability Company for Authorization to

Transact Business in Florida

Attached are two Applications by Foreign Limited Liability Company for Authorization to Transact Business in Florida for FVH COLBY MAREN, LLC and FVH COLBY HOSPITALITY GROUP, LLC. Also enclosed are two checks in the amount of \$125.00 to cover the filing fee and designation of Registered Agent fee for each application.

Thank you for your assistance. Please call us at 681-6788 to pick up the filing confirmations when it is ready.

COVER LETTER

Registration Section Division of Corporations

TO:

	correspondence concerning this matter	to the following:	
	Craig Colby		_
		Name of Person	
	Colby Restaurants		
Firm/Company			
	207 Village Lane		23151
		Address	
	Audess		
Southampton NJ 08088			
City/State and Zip Code			- କୁ ଫୁ
craig@colbyrestaurants.com			
	E-mail address: (to b	oe used for future annual report notification)	
er info	rmation concerning this matter, please co	all:	
Crais	g Colby	302 766-0074	
	Name of Contact Person	at ()	_
	ING ADDRESS: on of Corporations	STREET ADDRESS: Division of Corporations	
	ration Section	Registration Section	
	ox 6327	Clifton Building	
Tallah	assee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

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: FVH COLBY MAREN, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (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 "L.L.C.") 84-2359585 **DELAWARE** (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 207 VILLAGE LANE 207 VILLAGE LANE (Street Address of Principal Office) (Mailing Address) SOUTHAMPTON, NJ 08088 SOUTHAMPTON, NJ 08088 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: _____, Florida 32301 Tallahassee 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.

Brian Courtney

Registered agent's ATST! V. Pres.

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: Fabio Viviani Name: Craig Colby Manager Manager ■ Manager Address: 6 Jennifer Ct. Address: 8 Okie Drive, ☐ Member Member Barrington, IL 60010 <u>Landenberg, PA</u> 19350 Authorized Authorized Person Person Other_____Other___ Other____ Other Manager Name: Manager Address: Member Member Authorized Authorized Person Person Other____ Other__ Other____ Other Name: Manager Address: Member 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. Craig W Colby

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "FVH COLBY MAREN, 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 EIGHTEENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FVH COLBY MAREN, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JULY, A.D. 2019.

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



Authentication: 204249966

Date: 12-18-19

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