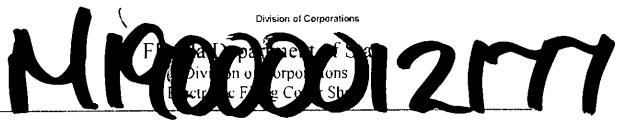
12/20/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_

Foreign Limited Liability Company MUY Pizza-Tejas, LLC

| Certificate of Status | U        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 04       |
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMBANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY

| (Name of Foreign  | Limited Liability Company; must include "Limit   | ed Liabitity Compa                     | my," "L.i. C.," or "LLC.")                  |              |
|---|--|--|---|--------------|
| name unavailable, enter alternate po                            | ame adopted for the purpose of transacting Eustress in He  | orida. The alternate na                | into must include Limited Liability Company | entlenand.c. |
| Texas   |  |  |   |              |
| (harisdiction under the lase of wh                              | act foreign binded hability company is organized)  | 3. <u></u>                             | (FFI number of apphenis                     | lei          |
|   |  |  |   |              |
|   | Date first gansacted business in Florida, if provite<br>(Sue sections 605 (2014 & 605 (2005), F.S. to determ | registration)<br>one pountly habitity) |   |              |
| 17890 Blanco Rd., Suite 401 (Store Address of Principal Office) |  | 17890 Blanco Rd., Suite 401            |   |              |
|   |  | 6                                      | (Mathig Address)                            | <del></del>  |
| San Antonio, TX 7823  | 2  | San A                                  | ntonio, TX 78232                            |              |
|   |  |  |   |              |
|   | <del></del> -  |  |   | 50           |
| Name and street address   | ss of Florida registered agent: (P.O. Bo   | x <u>NOT</u> accepta                   | ıble)                                       | (D)          |
|   | C T Corporation System   |  |   | :2<br>:3     |
| Name  |  |  |   | . 7          |
| 2.0   | 1200 South Pine Island Road  |  |   | 122          |
| Office Address.   |  |  |   | <u> </u>     |
|   | Plantation   |  | 33324<br>Florida                            |              |
|   | (Civ.)   |  | (Zip asde)                                  |              |

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.

> C T Corporation System Michael Jones, Assistant Secretary

| 8  | . For initial indexing purposes, list names | title or capacity and addresses of the primary members/managers or persons authorized to |
|----|---|--|
| n١ | anage [up to six (6) total]                 |  |

| Title or Capacity: | Name and Address:                    | Title or Capacity | <u>v:</u>     | Name and Address: |
|--------------------|--------------------------------------|-------------------|---------------|-------------------|
| ∑Manager           | Name: Iames II Bodenstedt            | Manager Manager   | Name:         |                   |
| Member             | Address: 17890 Blanco Rd , Suite 401 | ☐ Member          | Address:      |                   |
| Authorized         | San Antonio, TX 78232                | Authorized        |               |                   |
| Person             |                                      | Person            |               | <del>,</del>      |
| Other              | Other                                | Other             | <del></del>   | Other             |
| Manager            | Name:                                | Manager           | Name:         |                   |
| Member             | Address:                             | Member            | Address:      | <u> </u>          |
| Authorized         |                                      | Authorized        |               |                   |
| Person             |                                      | Person            |               |                   |
| Other              | Other                                | Other             | <del></del> , | Other 2           |
| ∐Manager           | Name:                                | Manager           | Name:         | ω                 |
| Member             | Address:                             | Member            | Address:      |                   |
| Authorized         |                                      | Authorized        |               | <u></u>           |
| Person             |                                      | Person            |               | <br><br>          |
| 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.

Signature of an authorized person

James H. Bodenstedt, Manager

Exped in printed name of signice

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Ruth R. Hughs Secretary of State

## Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for MUY Pizza-Tejas, LLC (file number 801257287), a Domestic Limited Liability Company (LLC), was filed in this office on April 16, 2010.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 20, 2019.

Ruth R. Hughs Secretary of State



Phone: (512) 463-5555

Prepared by: SOS-WEB

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