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7/20/20

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 349950 / 158753A

AUTHORIZATION : STATEMENT :

COST LIMIT : \$ 125.00

ORDER DATE : July 13, 2020

ORDER TIME : 10:34 AM

ORDER NO. : 349950-005

CUSTOMER NO: 158753A CC

FOREIGN FILINGS

NAME: KRUS KITCHEN LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

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:

Krus Kitchen LLC	Limited Liability Company; must include "Limited	d Liability C	Company " "L.L.C. " or "L.L.C.")	
,			,,,	
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The alt	ernate name must include "Limited Liability Comp	any," "L.L.C," or "LLC
Delaware		2		
(Jurisdiction under the law of which foreign limited hability company is organized)		٥	(FEI number, if applica	ble)
			-	**
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ine penalty lia	ability)	•
3413 Main Highway,		6. <u> </u>	413 Main Highway, Coconut Gro	ove -
treet Address of Principal Office)			(Mailing Address)	
Miami, FL 33133		M	Mami, FL 33133	
-		_		
				
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acc	ceptable)	
Name and street addres		NOT acc	ceptable)	
Name and street address Name:	s of Florida registered agent: (P.O. Box Corporation Service Company	NOT acc	ceptable)	
Name:	Corporation Service Company 1201 Hays Street			

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.

Amanda Robinson
(Registered agent's signature)

Amanda Robinson
Asst. Vice President

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Sebastian Vargas Josh Hackler Name: □ Manager □Manager Address: ____ Address: ___ **■** Member **■**Member Coconut Grove Coconut Grove ☐ Authorized ☐ Authorized Miami, FL 33133 Miami, FL 33133 Person Person Other_ Other _____ Other____ Other _ Matt Jackson Name: _'v □Manager □Manager 3413 Main Highway Address: __ Address: **■**Member □Member Coconut Grove ☐ Authorized ☐ Authorized Miami, FL 33133 Person Person □Other_____ □Other Other____ □Other □Manager □Manager Name: □Member □Member Address: 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 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.

Typed or printed name of signee

May Shim



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

DELAWARE, DO HEREBY CERTIFY "KRUS KITCHEN 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 THIRTEENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KRUS KITCHEN LLC" WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2020.

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

Authentication: 203272214

Date: 07-13-20

3221830 8300 SR# 20206196932