

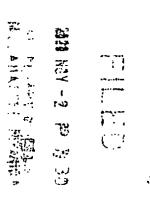
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

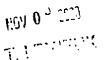
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11/03/28--01097--029 **125.00





COVER LETTER

TO: Registration Section Division of Corporations

JECT:	Name	of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certific eferenced foreign limited liability company to transact business in F	
e return all cor	respondence concerning this matter to	the following:	
D	ebrah Herman		
_		Name of Person	
Α	nzu Partners LLC		
		Firm/Company	
1	2610 Race Track Road, Suite 250		
_		Address	
7.	ampa, FL 33626		
_	Cit	ty/State and Zip Code	
deb	orah@anzupartners.com		
	E-mail address: (to be	used for future annual report notification)	
irther informat	ion concerning this matter, please call	: :	
Debrah He	rman	at () 428-6817 Area Code Daytime Telephone Number	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:		Street Address:	
_	on Section	Registration Section	
	of Corporations	Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314			
rananass	cc. rt. 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is	s a check for the following amount:		

☐ \$155.00 Filing Fee &

Certified Copy

☐ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

Please make check payable to: FLORIDA DEPARTMENT OF STATE

□ \$130.00 Filing Fee &

Certificate of Status

■ \$125.00 Filing Fee

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

name unavailable, enter alternate (name adopted for the purpose of transacting business in Flo	orida. The alternate	name must include "Limited L	iability Company," "L L C	C." or "L.I.0
Delaware (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(ԲՈւ ռաս	ber, if applicable)	
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determin	egistration)			
12610 Race Track Roc	ad	1261	0 Race Track Road		
Suite 250		Suite	250		_ _
Tampa, FL 33626		Tamp	pa, FL 33626		
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accept	able)		
Name:	Debrah Herman		_	# . G	
Office Address:	12610 Race Track Road, Suite 250		_		,
Office Address:					
Office Address:	Tampa		33626 , Florida		;

(Registered agent's signature)

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: Whitney Haring-Smith Name: _____David Seldin **■**Manager ■ Manager Address: 12610 Race Track Road Address: 12610 Race Track Road □Member Suite 250 Suite 250 □ Authorized □ Authorized Tampa, FL 33626 Tampa, FL 33626 Person Person □Other □Other _____ □ Other_____ □Other Name: ____David Michael Name: Debrah Herman ■Manager □Manager Address: 2223 Avenida De La Playa Address: 12610 Race Track Road □Member Suite 204 Suite 250 ☐ Authorized Authorized La Jolla, CA 92307 Tampa, FL 33626 Person Person Other □Other_____ □Other □Other Name: _____ Name: _____ □ Manager □Manager Address: Address: □Member ☐Member

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

□Other____

☐ Authorized

Person

□Other__ ___

□Other____

□ Authorized

Person

Other___

- 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.

Debrah H	Ermoun	
	Signature of an authorized person	
Debrah Herman		
	Typed or printed name of vignee	



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

DELAWARE, DO HEREBY CERTIFY "ANZU INDUSTRIAL RBI USA GP 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 FIFTEENTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANZU INDUSTRIAL RBI USA GP LLC" WAS FORMED ON THE THIRTIETH DAY OF DECEMBER, A.D. 2019.

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



Authentication: 203867956

Date: 10-15-20