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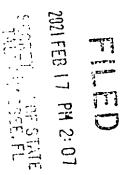
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:		ration Section on of Corporations							
CHR IT		chi Restaurants LLC							
SUBJE		Name of Limited Liability Company							
The end Existen	closed "/ ce, and c	Application by Foreign Limited theck are submitted to register the	Liability Company for Authorization to Transact Business in Florida," Conhe above referenced foreign limited liability company to transact business	ertificate of s in Florida.					
Please	return all	correspondence concerning thi	s matter to the following:						
		Brian Morrow - CFO	r.o	20					
			Name of Person	2021 FEB					
Uchi Restaurants LLC			- (A)	EB 17					
	Firm/Company								
	1306 W. Oltorf Street Suite C								
	Address								
	Austin, TX 78704								
City/State and Zip Code									
		bmorrow@haihospitality.com							
		E-mail addr	ess: (to be used for future annual report notification)						
For fur	ther info	rmation concerning this matter,	please call:						
	Brian	Morrow	303 810-8035 at ()						
		Name of Contact Per							
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
	Please	25.00 Filing Fee 💢 \$130.00	amount: IDA DEPARTMENT OF STATE Filing Fee & = \$155.00 Filing Fee & - \$160.00 Filing Fee, Ce ertificate of Status						

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:

name mavailable, enter alternate	mame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Euchi	Dity Company," "L.L.	
Texas		46-2009745 3	35	2021
(Jurisdiction under the law of	high foreign limited liability company is organized)	IFEI number,	if applicable)	8
3/1/2021				-
	(Date first transacted business in Florida, if peror to v (See sections 605 0904 & 605,0905, F.S. to determine	registration.) ne penalty ligibility)	<u> </u>	, PA
1306 W. Oltorf Street		1306 W. Oltorf Street Suite C	SIX	1 2: 0
reet Address of Principal Office)		6. (Mailing Address)		9
Austin TX, 78704		Austin TX, 78704		
Nume and street address	ss of Florida registered agent: (P.O. Box	NOT accentable)		
Nume and succe addre	52 OT FIORIDA PERISIETED ARCHIE. (F.O. DOX	acceptaine)		
Name:	Corporation Service Company			
Name: Office Address:	Corporation Service Company 1201 Hays Street			
		32301 Florida		

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.

Megan O'Brien Megan O'Brien, Asst. VP
(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:		
Manager	Name:	⊞ Manager	Name:		
□Member	Address: 1306 W. Oltorf Street Suite C	□Member	Austin, TX 78704		
Authorized	Austin, TX 78704	≣ Authorized			
Person		Person			
Other	Other	□Other	120		
□Manager	Name:	□Manager	Name:		
□Member	Address:	□Member	Address:		
□Authorized		□Authorized	S 2.07		
Person		Person	<u> </u>		
□Other	□Other	□Other	Other		
□Manager	Name:	∏Manager	Name:		
□Member	Address:	□Member	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. Non-indexed 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.

	1/2 h
	Signature of an authorized person
<u>J</u> .	Brian Morrow
	Typed or printed name of signee

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



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 Uchi Restaurants, LLC (file number 801734702), a Domestic Limited Liability Company (LLC), was filed in this office on February 14, 2013.

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

It is further certified that our records indicate CORPORATION SERVICE COMPANY D/B/AGSC-LAWYERS INCORPORATING SERVICE COMPANY as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

211 E. 7TH STREET SUITE 620 AUSTIN, TX - 78701 USA

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 February 09, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

Fax: (512) 463-5709 TID: 10268 Dial: 7-1-1 for Relay Services Document: 1027060950002