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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2021

MICHELLE KNIGHT 5660 W. CYPRESS ST SUITE A TAMPA, FL 33607

SUBJECT: BEEF O BRADY'S NEW PORT RICHEY, LLC

Ref. Number: W21000037261

We have received your document for BEEF O BRADY'S NEW PORT RICHEY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 521A00005900

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www.sunbiz.org

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COVER LETTER

TO: Registration Section

| | Name of Limit | ed Liability | Company | |
|------------------------------------|-----------------------------|--------------|---|------|
| | | | ation to Transact Business in Florida," ited liability company to transact busin | |
| urn all correspondence concerni | ng this matter to the follo | wing: | | |
| Michelle Knight | | | | |
| | Name o | of Person | | |
| Beef O Brady's New Po | rt Richey, LLC | | | _ |
| | Firm/C | ompany | | |
| 5660 W Cypress St Suit | e A | | | ಸ |
| | Add | iress | | |
| Tampa, FL 33607 | | | | PH L |
| | City/State a | nd Zip Code | | |
| mknight@fscfranchiseco | com | • | ,11 | |
| E-mail | address: (to be used for | luture annua | l report notification) | |
| er information concerning this ma | itter, please call: | | | |
| Michelle Knight | | 813 | 226-2333 | |
| Name of Contact | t Person | Area Code |) Daytime Telephone Number | |
| MAILING ADDRESS: | | | STREET ADDRESS: | |
| Division of Corporations | | | Division of Corporations | |
| Registration Section | | | Registration Section | |
| P.O. Box 6327 | | | Clifton Building | |
| Fallahassee, FL 32314 | | | 2661 Executive Center Circle Tallahassee, FL 32301 | |
| Inclosed is a check for the follow | | | | |

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:

| L. Beef O Brady's New Po | Limited Liability Company; must include "Limite | d Liability Cor | npany," "L.L.C.," or "LLC.") | | - | |
|---|--|--------------------------------|--|---------------------|------------|-----------|
| | | · | | | | |
| If name imavailable, enter alternate n | ame adopted for the purpose of transacting business in Flo | nida. The alternat | e name must include "Limited Liability | Company." | "L.E.C." o | r "LEC." |
| | and adopted to the purpose of transacting oursies and to | | | C Canpany | 1,11,10,1 | |
| Delaware 2 | | 3 86 | -2336594 | | | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | _,, | (FEI number, i | f'applicable) | | |
| | | | | () | 2021 APR | |
| . 04/01/2021 | | | | | | |
| · | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ | registration.) | | <u> </u> | 70 | C. STATES |
| | (See sections 605,0904 & 605,0905, F.S. to determ | ine penalty liabilit | <i>i</i>) | . : | 1 | Ī |
| 5546 Main St | | 566 | 60 W Cypress St | • | -73 | |
| (Street Address of Principal Office) | | 6 | (Mailing Address) | | <u></u> | |
| | | | | ور در در این وسد | ī: 19 | _ |
| | | Sui | te A | ز <u>ارہ</u> انہ | ā | |
| | | | | <u> </u> | | |
| New Port Richey, FL | 34652 | Tan | npa, FL 33607 | | | |
| | | - | | | | |
| | | | | | | |
| Name and <u>street addres</u> | ss of Florida registered agent: (P.O. Box | : <u>NOT</u> acce _l | otable) | | | |
| | | | | | | |
| | Michelle Knight | | | | | |
| Name: | | | | | | |
| | COMPONE CONTRACT | | | | | |
| Office Address: | 5660 W Cypress St Suite A | | | | | |
| | | | - | | | |
| | Tampa | | 33607 , Florida | | | |
| | (Cits) | | PIOTIGA (Zip code) | | | |
| | • | | · | | | |

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.

Michelle Kuight
(Registered apply'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: Chris Elliott | Manager | Name: Michelle Knight |
| Member | Address:5660 W Cypress St Suite A | ☐ Member | Address: 5660 W Cypress St Suite A |
| Authorized | Tampa, F1. 33607 | Authorized | Tampa, FL 33607 |
| Person | | Person | |
| Other | Other | Other | Other |
| ☐Manager | Name: | Manager | Name: 22 🔀 |
| Member | Address: | Member | Name: 22 22 Address: 23 23 23 |
| Authorized | | Authorized | |
| Person | | Person | -p [6] |
| Other | Other | Other | Other 9 |
| | | | ., Φ |
| 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.

| _ hidulle | Kuisht | |
|-----------------|-----------------------------------|--|
| <i></i> | Augusture of an authorized person | |
| Michelle Knight | | |
| | Exped or printed name of swince | |





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

DELAWARE, DO HEREBY CERTIFY "BEEF O BRADY'S NEW PORT RICHEY, 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 FOURTH DAY OF MARCH, A.D. 2021.

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James W. Budoca, Se

Authentication: 202656462

Date: 03-04-21

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