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\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

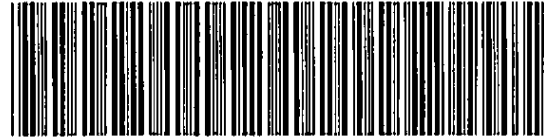
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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US  
06/13/21



**MARCO'S FRANCHISING, LLC**

5252 Monroe St. • Toledo, OH 43623

(419) 885-7000 • Fax: (419) 885-5215

May 13, 2021

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Legacy Pizza Group, LLC, a Delaware limited liability company

Dear Sir/Madam:

Enclosed are the following to register Legacy Pizza Group, LLC with the Florida Department of State:

1. Cover Letter and Application by Foreign Limited Liability Company for Authority to Transact Business in Florida;
2. Certificate of Good Standing issued by the Delaware Secretary of State on April 26, 2021; and
3. Check in the amount of \$125.00 made payable to Florida Department of State.

Please process in accordance with your standard procedures and return a copy of the file-stamped Application to my attention in the enclosed, self-addressed stamped envelope.

If you have any questions or concerns and/or require additional information, documentation and/or payment to complete this request, please contact me by email at: [cadam@marcos.com](mailto:cadam@marcos.com). Your time and attention to this matter are greatly appreciated.

Sincerely,

**Marco's Franchising, LLC**

**Chrissy Adam,  
Corporate Paralegal**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Legacy Pizza Group, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ashley Weis

\_\_\_\_\_  
Name of Person

Marco's Franchising, LLC

\_\_\_\_\_  
Firm/Company

5252 Monroe Street, 2nd Floor

\_\_\_\_\_  
Address

Toledo, OH 43623

\_\_\_\_\_  
City/State and Zip Code

legal@marcos.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chrissy Adam

419

410.4175

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

2021 MAY 24 PM 3:35  
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 SECRETARY OF STATE  
 TALLAHASSEE, FL

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:

1. Legacy Pizza Group, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-3442532  
(FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6597 Nicolas Blvd.  
(Street Address of Principal Office)

Cap Ferrat PH 11

Naples, FL 34108

6. 5252 Monroe Street  
(Mailing Address)

2nd Floor

Toledo, OH 43623

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IN AND FOR THE COUNTY OF DALLAS  
STATE OF TEXAS

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (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.

Ronique Rayson  
(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]:

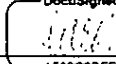
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: J. Anthony Management, Inc.	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 6597 Nicholas Blvd., Cap Ferra	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Residence No. PH 11, Naples, FL 34108	<input type="checkbox"/> Authorized	_____
Person	John A. Butorac	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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FEDERAL DISTRICT COURT  
SOUTHERD DISTRICT OF FLORIDA

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.

DocuSigned by:  
  
A589C0BFE2F04F8  
Signature of an authorized person  
  
Ashley Weis, Corporate Counsel  
\_\_\_\_\_  
Typed or printed name of signee

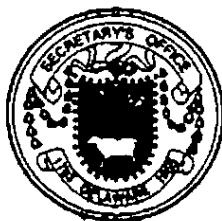
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEGACY PIZZA GROUP, 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 TWENTY-SIXTH DAY OF APRIL, A.D. 2021.

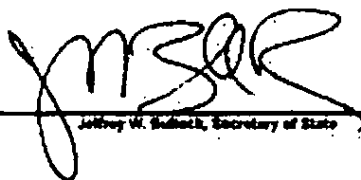
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J. Bullock, Secretary of State



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SR# 20211439809

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

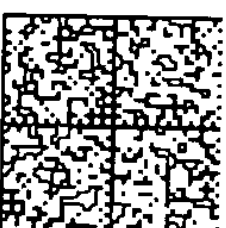
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Date: 04-26-21



**MARCO'S FRANCHISING, LLC**  
5252 Monroe St. • Toledo, OH 43623

**MARCO'S FRANCHISING, LLC**  
**ATTN: CHIRISSY ADAM**  
**CORPROATE PARALEGAL**  
**5252 MONROE STREET, 2<sup>ND</sup> FLOOR**  
**TOLEDO, OH 43623**



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