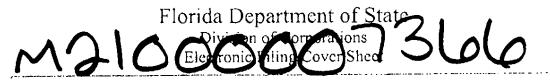
6/14/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000234447 3)))



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Division of Corporations

Fax Number : (850)617-6383

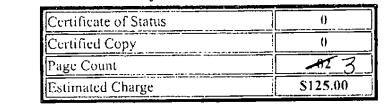
From:

Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722 : (888)491-1120 Phone Fax Number : (954)333-4242

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email_address please.

Foreign Limited Liability Company BOZ Hollywood Bread Owner, LLC



Electronic Filing Menu Corporate Filing Menu

Help

3/005

Registered agent's acceptance:

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TUMFED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: BOZ Holfywood Bread Owner, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.") (If name unavailable, once alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L. C." or "U.C.") Delaware (FEI number, if applicable) (Jurisciction under the law of which foreign limited liability company is organized) (Date tirst transacted business in Piorida, if prior to registration.) (See sections 605,0904 & 605,0905; F.S. to determine penalty hability) 6. 401 E. Las Olas Blvd., Suite 1870 401 E. Las Olas Blvd , Suite 1870 (Mailing Address) (Street Address of Principal Office) Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33301 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Greenspoon Marder LLP Name: 200 E. Broward Blvd., Suite 1800 Office Address: Fort Lauderdale , Florida 33301

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.

(Registered agent's signature)

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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 | <u>:</u> | Name and Address: |
|--------------------|--|-------------------|----------|-------------------|
| □Manager | Name: BOZ Hollywood Bread Holdings, LLC | □Manager | Name: | |
| ⊠ Member | Address: 401 E. Las Olas Blvd., Suite 1870 | □Member | Address: | |
| CIAuthorized | Fort Lauderdale, FL 33301 | □Authorized | | |
| Person | | Person | | |
| □Other | Other | □Other | | □Other |
| ∐Manager | Name: | □Manager | Name: | |
| ∐Member | Address: | □Member | Address: | |
| ∐Authorized | | □Authorized | | |
| Person | | Person | | |
| []Other | □Other | [iOther] | | ☐Other |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | <u> </u> |
| □Authorized | | ClAuthorized | | |
| Person | | Person | | |
| COther | | □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.

| Eller Gelwere Signature of an authorized person | - |
|---|--------------|
| Ellen Gilmore | |



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

DELAWARE, DO HEREBY CERTIFY "BOZ HOLLYWOOD BREAD OWNER, 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 EIGHTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOZ HOLLYWOOD BREAD OWNER, LLC" WAS FORMED ON THE EIGHTH DAY OF JUNE, A.D. 2021.

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

5981073 8300

5R# 20212382222

You may verify this certificate online at corp.delaware.gov/authver.shtml

)
Authentication: 203391080

Date: 06-08-21