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(Business Entity Name)
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### COVER LETTER

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#### TO: Registration Section Division of Corporations

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Papa Texas, LLC SUBJECT:

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:

Angela M. Stiers

Name of Person

Sun Holdings, Inc. - Attention LEGAL DEPARTMENT

Firm/Company

4515 LBJ Freeway

Address

Dallas, Texas 75244

City/State and Zip Code

legal@sunholdings.net

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

For further information concerning this matter, please call:

Angela M. Stiers	972 232-2118 (ext 305) at ( )
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amount:	
Please make check payable to: FLORIDA DE	
□ \$125.00 Filing Fee □ \$130.00 Filing Fe Certificate	re &  \$\Box \$155.00 Filing Fee &  \$\Box \$160.00 Filing Fee, Certificate of Status Certified Copy  of Status & Certified Copy

# 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:

– Papa Texas,	LLC
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(Name of Pofeign	Limited Liability Company; must include "Limited	Liability Company	, 1,1,0, or "1.1,(,)		
f name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	rida - i be alternate nar	ne must include "Limited Liability Com	ipany," "L.E.C," or "LLO	с ъ
Texas Ourisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEJ number, 11 applie	nible)	
	(Date first transacted business in Florida, if prior to ro (See sections 605 0904 & 605 0905, F.S. to determin	egistration.) we penalty liability)			
Papa Texas, LLC		Papa Te 6.	xas, LLC - Attn LEGAL DI	EPT.	
treet Address of Principal Office)		(Mai	ling Address)		
4515 LBJ Freeway, AT	TN: LEGAL DEPT	Р.О. Во	x 59924	<u> </u>	
Dallas, Texas 75224		Dallas,	Fexas 75229		20
Name and street addres	is of Florida registered agent: (P.O. Box	NOT_acceptabl	e)		2021 ALIC 2
Name:	Corporate Creations Network Inc.				
Office Address:	801 US Highway I			11 <b>1 1</b>	-
	North Palm Beach		33408 Florida		
	(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.

(Registered agent's signature)

Diana Serra, Special Secretary

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:	<u>Title or Capacity:</u>	Name and Address:		
∎Manager	Name:	□Manager	Name:		
□Member	Address: P.O. Box 59924	⊡Member	Address: P.O. Box 59924		
Authorized	Dallas, Texas 75229	■Authorized	Dallas, Texas 75229		
Person		Guiller Person	mo Perales, as Its President		
Other	Other	Other	Other		
□Manager	Name:	□Manager	Name:		
⊡Member	Address:	⊡Member	Address:		
□Authorized		□Authorized			
Person		Person	2021 A		
DOther	Other	Other			
		<b>—</b>			
□Manager	Name:	□Manager	Name:		
□Member	Address:	□Member	Address:		
□Authorized		□Authorized			
Person		Person			
□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.

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	Signature of an authorized person	

Guillermo Perales, President of SunCo Restaurants, LLC

Typed or printed name of signee

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



Jose A. Esparza Deputy Secretary of State

# Office of the Secretary of State

## **Certificate of Fact**

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Papa Texas, LLC (file number 804076100), a Domestic Limited Liability Company (LLC), was filed in this office on May 20, 2021.

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

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 August 25, 2021.



Jose A. Esparza Deputy Secretary of State