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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARKER WILLIAMS, PLLC

Account Number : I20170000030

Phone : (850)308-7033 Fax Number : (850)308-7115

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

Email Address: mriggle@bk-fl.com

Foreign Limited Liability Company Consolidated Burger C, LLC

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COVER LETTER

TIB IFCT.	Consolidated Burger C, LLC				
UBJECT:	Name	of Limited Liability Company			
he enclosed xistence, ar	1 "Application by Foreign Limited Liability of check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.			
lease return	all correspondence concerning this matter to	o the following:			
	Farrar J. Barker				
		Name of Person			
	Barker Williams, PLLC				
		Firm/Company			
	60 Clayton Lane				
	Address Santa Rosa Beach, FL 32459				
	C	ity/State and Zip Code			
	mriggle@bk-fl.com				
	E-mail address: (to be	used for future annual report notification)			
or further i	nformation concerning this matter, please cal	1:			
Farrar J. Barker		850 308-7033			
	Name of Contact Person	at ()			
Mailing Address:		Street Address:			
Registration Section		Registration Section			
	vision of Corporations	Division of Corporations			
	D. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
18.	llahassee, FL 32314	Tallahassee, FL 32303			
	losed is a check for the following amount: ase make check payable to: FLORIDA DEP				

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS. IN THE STATE OF FLORIDA:

1. Consolidated Burger C, (Name of Foreign)	LLC Limited Liability Company; must include "Limite	od Liability Com	pany," "L.L.C.," or "LLC.")		_
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in I	Torida, The alterna	te name must include "Limited Liabi	lity Company," "L.L.C," or '	LIC.")
Delaware			2435818		
 (Jurisdiction under the law of which foreign limited liability company is organized) 		(FEI number, if applicable)			_
4				_	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, P.S. to determ	nine penalty liabilit	y)		
4477 Legendary Drive 5.		447° 6.	7 Legendary Drive		
(Street Address of Principal Office)		v	(Mailing Address)		_
Suite 1		Suite	e 1	S 20	_
Destin, Florida 32541		Dest	tin, Florida 32541	N OCT	
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> accep	otable)	-6 AM	
Name:	Barker Williams, PLLC		_	9: 35 E.FL	
Office Address:	60 Clayton Lane		_		
	Santa Rosa Beach		32459 , Florida		
	(City)	-	(7.ip code)		
designated in this applicate to comply with the provision	tance: gistered agent and to accept service of tion, I hereby accept the appointment to ons of all statutes relative to the prope ts of my position as registered agent.	as registered i	agent and agree to act in	this capacity. I furt	ther agree

(Registered agent's signature)

Farrar J. Barker

Fame: Edward Stutz 4477 Legendary Drive Suite 1	☐ Manager ☐ Member ☐ Authorized	Name: Michael Riggle Address: 4477 Legendary Drive Suite 1
Suite 1		
	□ Authorized	Cuita 1
		Suite I
Destin, Florida 32541	Person	Destin, Florida 32541
O Managing Directo	© Other	Other
lame: Kevin G. Delaplane	□Manager	Name: William S. Ogden, Jr.
	□Member	Address: 4477 Legendary Drive
Suite 1	□Authorized	Suite 1
Destin, Florida 32541	Person	Destin, Florida 32541
Other	Secretary ■Other	Other
Chad Clark	□Manager	Name:
	□Member	Address:
Suite 1	□Authorized	
Destin, Florida 32541	Person	
Ty □Other	□Other	□Other
	Chad Clark Name: 4477 Legendary Drive Stuite 1 Destin, Florida 32541	Manager Address: 4477 Legendary Drive Member Suite 1 Destin, Florida 32541 Person Other Chad Clark Manager Manager Mathorized Person Manager Member Suite 1 Destin, Florida 32541 Person

Signature of an authorized person

Typed or printed name of signee

Michael Riggle, Authorized Representative



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

DELAWARE, DO HEREBY CERTIFY "CONSOLIDATED BURGER C, 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 FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONSOLIDATED BURGER C, LLC" WAS FORMED ON THE FIRST DAY OF APRIL, A.D. 2021.

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

Authentication: 204331502

Date: 10-05-21