

M21000014512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

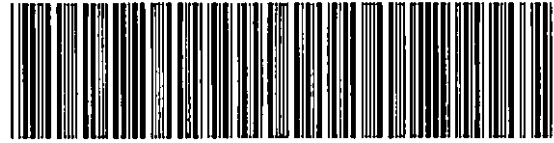
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rec'd
11/21

Office Use Only



600368854936

03/14/21--01014--007 **72.50

03/12/21--01022--002 **87.50

2021 NOV -1 PM 1:40

NOV -2 2021

M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

Treats Under The Son L.L.C.

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:

Adam Holliday Kunz

Name of Person

Treats Under The Son L.L.C.

Firm/Company

5803 Folkstone Ln

Address

Orlando, FL 32822

City/State and Zip Code

Adam.Kunz@Carousels.com

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

For further information concerning this matter, please call:

Adam Kunz

267

414-4142

at (_____) _____

Name of Contact Person

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 NOV - 1 PM 1:40

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. Treats Under The Son LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Carousel's Of Orlando Limited Liability Company

(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. 86-3503989
(FEI number, if applicable)

4. No Transactions To Date
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5803 Folkstone Ln
(Street Address of Principal Office)

6. 5803 Folkstone Ln
(Mailing Address)

Orlando, FL 32822

Orlando, FL 32822

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

Name: Adam H. Kunz

Office Address: 5803 Folkstone Ln

Orlando 32822
(City) Florida (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)

2021 NOV -1 PM 1:40

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:**

☒ Manager Name: Adam H. Kunz

☐ Member Address: 5803 Folkstone Ln

☒ Authorized Orlando, FL 32822

Person

☒ Other President ☐ Other

☒ Manager Name: Eric Fialkoff

☐ Member Address: 6370 Willow Brook Dr

☐ Authorized Kalamazoo, MI 49048-9000

Person

☐ Other Treasurer ☐ Other

☒ Manager Name: Leon Bennett

☐ Member Address: 6809 Hickory Point Drive

☐ Authorized Portage, MI 49024-3351

Person

☒ Other Technical Director ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Ben Thankachan

☐ Member Address: 10327 Remembrance Trail

☐ Authorized Huntersville, NC 28078-5913

Person

☒ Other Secretary ☐ Other

☒ Manager Name: Dan Caputo

☐ Member Address: 3645 Hogan Court NE

☐ Authorized Conover, NC 28613-9011

Person

☒ Other Creative Director ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

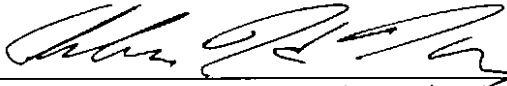
Person

☐ 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.



Signature of an authorized person

Adam H. Kunz

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 "TREATS UNDER THE SON 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 SIXTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TREATS UNDER THE SON LLC" WAS FORMED ON THE THIRTIETH DAY OF MARCH, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2021

ADAM H. KUNZ
TREATS UNDER THE SON LLC
5803 FOLKSTONE LN
ORLANDO, FL 32822

SUBJECT: TREATS UNDER THE SON LLC
Ref. Number: W21000102227

We have received your document for TREATS UNDER THE SON LLC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

Any person or company listed, must have a title.

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

Mel Solomon
Senior Section Administrator

Letter Number: 821A00025703

RECEIVED

NOV 01 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2021

ADAM H. KUNZ
TREATS UNDER THE SON LLC
5803 FOLKSTONE LN
ORLANDO, FL 32822

SUBJECT: TREATS UNDER THE SON LLC
Ref. Number: W21000102227

We have received your document for TREATS UNDER THE SON LLC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

No tiles listed for Dan Caputo and Leon Benadt. Also, please confirm the spelling
of their names.

correct *Bennett*

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

Mel Solomon
Senior Section Administrator

Letter Number: 821A00025106

RECEIVED
OCT 21 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2021

ADAM H. KUNZ
TREATS UNDER THE SON LLC
5803 FOLKSTONE LN
ORLANDO, FL 32822

SUBJECT: TREATS UNDER THE SON LLC
Ref. Number: W21000102227

We have received your document for TREATS UNDER THE SON LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$72.50.

The form you submitted is for a Foreign Profit Corporation, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(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.

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

Mel Solomon
Senior Section Administrator

Letter Number: 221A00016612

RECEIVED
SEP 10 2021