Ma1000015128

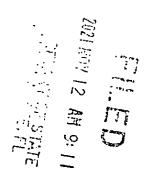
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| W2-134027 11/21-127584 |
| <u> </u> |

Office Use Only



700373092607

09/20/21--01033--002 **155.00



S. HAWKES





October 7, 2021

KIERRA BELZES 1480 ALECIA DR JACKSONVILLE, FL 32205

SUBJECT: BLAZIN HOG BAR B-QUE LLC

Ref. Number: W21000134027

We have received your document for BLAZIN HOG BAR B-QUE LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

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.

Letter Number: 721A00024449

Suzanne Hawkes Regulatory II

www.sunbiz.org



September 22, 2021

KIERRA BELZES 1480 ALECIA DR JACKSONVILLE, FL 32205

SUBJECT: BLAZIN HOG BAR B-QUE LLC

Ref. Number: W21000127584

We have received your document for BLAZIN HOG BAR B-QUE LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

REGUSTRATION SECTION cannnot be your Registered Agent. You have to hire or assign a person in Florida to be your Registered Agent.,

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.

Suzanne Hawkes Regulatory II

www.sunbiz.org

Letter Number: 421A00022855

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Bazin Hag Bay B. Que Name of Limi | ded Liability Company |
| The enclosed "Application by Foreign Limited Liability Company Existence, and check are submitted to register the above reference | for Authorization to Transact Business in Florida," Certificate of d foreign limited liability company to transact business in Florida. |
| Please return all correspondence concerning this matter to the following | owing: |
| Mierra Belze Name | of Person |
| Blazin Hag Rar R | Company |
| 1480 Alecia Dr | idress |
| Jackson Ville Fl | 32205. and Zip Code |
| Fiera Relzeso UC E-mail address: (to be used for | future annual report notification) |
| For further information concerning this matter, please call: | |
| Name of Contact Person | 729 Ha Code Daytime Telephone Number |
| | eet Address: |
| Q | gistration Section |
| • | vision of Corporations e Centre of Tallahassee |
| | 15 N. Monroe Street, Suite 810 |
| , | llahassee, FL 32303 |
| Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME \$125.00 Filing Fee \$\Bigsim \$130.00 Filing Fee & Certificate of Status | **STATE \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy |

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

| une unavailable, enter alternate name adopted for the purpose of transacting business i | in Florida. The alternate name must include "Limited Lisbility Company," "L.E.C." or | r"LLC |
|---|--|---------------------------------|
| (Jurisdiction under the law) of which foreign limited liability company is organized) | 3. (FEI number, if applicable) | _ |
| Juristiction under the law of which foreign limited liability company is organized) | (Fit number, if applicable) | |
| (Date first transacted business in Florida, if prior | r to registration.) | |
| (See sections 605.0904 & 605.0905, F.S. to det | 11100 Oloring | |
| 1 Address of Principal Office) | 6. 1480 AIRCICION (Mailing Address) | _ |
| ackSonville. Fl | Jacksonville F1322 | 20 |
| | 000000000000000000000000000000000000000 | ∵ |
| | . 2 | _ |
| lame and street address of Florida registered agent: (P.O. B | ox NOT acceptable) | .;: |
| | | ,a ame r <u>us</u> 1994 Y |
| Name: Casper Vins | | |
| Name: Casper Vinson Office Address: 1286 dunns Lake | AR 9: | |
| Office Address: 100 (19711) | | |
| -Jacksyn-ville | Florida 322 | 15 |
| • | top to. | |
| | of process for the above stated limited liability company at t | |
| mply with the provisions of all statutes relative to the prop | t as registered agent and agree to act in this capacity. I fun per and complete performance of my duties, and I am famili | |
| accept the obligations of my position as registered agent. | λ | |
| 115 | LP 1 | |

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: Name and Address: Title or Capacity: □Manager ☑Manager Name: Address: □Member □ Authorized ☐ Authorized Person Person □Other □Other Other □Other Name: (SOC) VINSIN □ Manager Name: Address: 12860 DUMOS Lake Dr ☐ Member Address: □Member KSMOILLE, FI 32218 □ Authorized □ Authorized Person Person □Other _____ Other ☐Other____ □Other □Manager □Manager Address: □Member □Member □ Authorized ∠ Authorized Person Person □Other__ □Other____ □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.

Control Number: 18130046

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BLAZIN HOG BAR-B-OUE LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 22054337 Date Inc/Auth/Filed : 10/18/2018 Jurisdiction : Georgia Print Date : 10/29/2021

Form Number : 211



Brad Raffonsperger

Brad Raffensperger Secretary of State