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.

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To:

Division of Corporations

Fax Number : (850)617-6383

Erom:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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

cmowry@tastyrg.com Email Address:

## Foreign Limited Liability Company Tasty Chick'n, LLC

Certificate of Status	1	
Certified Copy	0	
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S. FRANKLIN

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## 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 HABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA Tasty Chick'n, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L. L. C.," or "L.L.C.") (If name may alable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must metude "Limited Liability Company," "L. C.," or "LLC.") (El:I mimber, it applicable) Hurseliction under the law of which foreign binned liability company is organized) (Date first transacted business in Florida at prior to registration) (See sections 603 0001 & 605 0905, F.S. to determine penalty liability) 6701 Center Drive West 6701 Center Drive West 6. (Slatting Address) Street Address of Principal Office) Los Angeles, CA 90045 Los Angeles, CA 90045 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th Street N. Ste 300 Office Address: St. Petersburg , Florida \_ (Cay)

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)

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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:	Name: Thomas Scott	
□Manager	Name:	□Manager		
≣Member	Address: 6701 Center Drive West	<b>≣</b> Member	Address: 6701 Center Drive West	
□Authorized	Los Angeles, CA 90045	□Authorized	Los Angeles, CA 90045	
Person		Person		
Other	Other	[]Other	□Other	
□Manager	Name: Robert Rodriquez	∏Manager	Name:	
■Member	Address:	□Member	Address:	
□Authorized	Los Angeles, CA 90045	□Authorized	<b>202</b>	
Person		Person		
Other	□Other	Other	Other of the second	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□ 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. 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.

Occusioned by:		
ZASIJEGERĀRIJĀ -	Signature of an authorized person	
Thomas Scott	_	
<del></del>	Typed or printed name of signer	

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## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "TASTY CHICK'N, 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 SECOND DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TASTY CHICK'N, LLC" WAS FORMED ON THE TENTH DAY OF AUGUST, A.D. 2021.

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

2021 DEC -2 PM 4: 41

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SR# 20213961859
You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W Burliock, Secretary of bists

Authentication: 204848858

Date: 12-02-21