

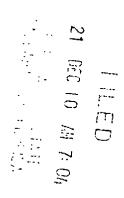
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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12/10/21--01020--016 **125.00



T. LEMIEUX'

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Chulby RuBuls 3) Name of Lim	30 & Grill UC ited 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:				
Scarlett	Conracl e of Person			
Chubby BaBais Firm	BQ & GTILL CCC			
51.36 Village Tree Address				
Washville, TN 37011 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Scalet Conract Name of Contact Person	1 (<u>239</u>) <u>276-9178</u> Area Code Daytime Telephone Number			
Registration Section R Division of Corporations D P.O. Box 6327 T Tallahassee, FL 32314 24	reet Address: egistration Section ivision of Corporations he Centre of Tallahassee H15 N. Monroe Street, Suite 810 fallahassee, FL 32303			
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM \$\alpha\$\$\text{\$\subseteq}\$\$\$\$125.00 Filing Fee \$\Bar{\text{\$\subseteq}}\$	ENT OF 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

	TION 615.0902, FLORIDA STATUTEX, THE FC ISINESS IN THE STATE OF FLORIDA:	DLIOWING IS SUBMIT	TED TO RECESTER A FO	ORFIGN LIMITED HABILITY
Chubby	BURUS BBQ & C	Scill LLC	To "wello"	
(rune or coreign	ranned randing Company, mest menute Tannece	risaomy Company, 15.	The of the j	
If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	onda. The alternate name mu	st include "Limited Liability Co	ompany," "L.L.C," or "LI.C,")
State of	high foreign limited liability company is organized)	3	(FEI number, if app	F. d
pursuitant mace the law of w	men foreign immed fatority company is organized)		(r is i number, it app	iicadie
1. <u> </u>	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne penalty liability)		
Sirect Address of Principal Office	ge_Trce	6	VIII CICYE TI	<u> Ce</u>
`			. •	
Washville,	IN 37011	_Wash	ville, TN 37	/ 21/
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT_acceptable)		
			· ·	21 (
Name:	Anna Lenc Kauc	aleuski	:	
Office Address:	Anna Lenc Kowa 1410 Tiffany In #	-2506		
	Daples, 7L (City)	, Flor	ida <u>34105</u> (//ip code)	7: 04
lesignated in this applica o comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to <u>the proper</u>	registered agent an	id agree to act in this	capacity. I further agree
ind accept the obligation.	s of my position as registered agent.	leur		
	(Registered agent's s	signature)		

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 and Address: Name: Scarlett Convoc Name: Joseph Hardison □ Manager □Manager Address: 5136 Village Tree Address: 51.36 Villay Tice **⊠**Member **⊠**Member Loshville, TU 37211 LAShville, TU 37241_ ☐ Authorized ☐ Authorized Person Person □Other Other____ Other Other □Manager Name: ☐Manager Name: ____ □Member Address: □Member Address: ☐ Authorized □ Authorized Person Person □Other □Other Other □ Other □Manager ☐ 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. 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, 1 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.



Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

SCARLETT CONRAD

5136 VILLAGE TRCE NASHVILLE, TN 37211 December 3, 2021

Request Type: Certificate of Existence/Authorization

Issuance Date: 12/03/2021

Request #:

0448469

Copies Requested:

Document Receipt

Receipt #: 006754671

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3819361283

\$20.00

Regarding:

Chubby BuBu's BBQ & Grill LLC

Filing Type:

Limited Liability Company - Domestic

Control # :

1257022

Formation/Qualification Date: 11/18/2021

Date Formed:

11/18/2021

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Business County: DAVIDSON COUNTY

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Chubby BuBu's BBQ & Grill LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed

Secretary of State

Processed By: Cert Web User

Verification #: 050260415