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S. ROBERTS
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 05/31/2	<u>.'022</u>	
Name: Mer	ritt Walker	
Reference #:	1695551	
Entity Name:	WEBER BRO	S HOSPITALITY, LLC
✓ Articles of Inco	rporation/Authorizatio	n to Transact Business
Amendment		
Change of Age	nt	
Reinstatement		
Conversion		
Merger		
☐ Dissolution/Wit	hdrawal	
Fictitious Name	•	
✓ Other	CERTIFIED CO	PY OF THE FILING EVIDENCE
Authorized Amount:	\$155	
Signature:	un	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Weber Bros Hospitality				
(Name of Foreign	Limited Liability Company, must include "Limited	I Liability Com	pany, "L.L.C.," or "LLC.")	.,
	name adopted for the purpose of transacting business in Fl	orida The alterna	te name must include "Limited Liabili	ity Company," "L.L.C." or "LLC
Tennessee			2826355 (FEI number, i	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, i	l'applicable)
Upon filing of this app				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration) ne penalty liabilit	y)	_
1010 Brickell Avenue,	Unit 104-105	6. <u>427</u>	7 Murfreesboro Road (Mailing Address)	
(Street Address of Principal Office)	-		(Mailing Address)	
Miami, Florida 33131		Fran	iklin, Tennessee 37067	
		-		2 0
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accep	table)	2022 HAY
Name:	Johnny Weber		_	AY31 A
Office Address:	1010 Brickell Avenue, Unit 400/500		_	
	Miami		33131 , Florida	$\frac{1}{2}$ $\frac{1}{\omega}$
	(City)		(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.

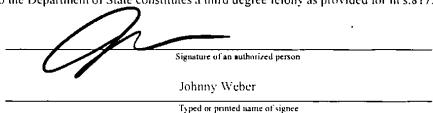
(Registered agent's signature)

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:
■Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	Unit 104-105	□Authorized	
Person	Miami, Florida 33131	Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
Ū		_	
□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.





Division of Business Services Department of State

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

COGENCY GLOBAL INC.

ERIC HOOD

115 NORTH CALHOUN STREET, SUITE 4

TALLAHASSEE, FL 32301

Request Type: Certificate of Existence/Authorization

Request #:

0478075

Issuance Date: 05/31/2022

Copies Requested:

Document Receipt

Receipt #: 007268004

Filing Fee:

\$20.00

May 31, 2022

Payment-Credit Card - State Payment Center - CC #: 3830103258

\$20.00

Regarding:

WEBER BROS HOSPITALITY, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 09/24/2021

Status:

Active

Duration Term:

Perpetual

Business County: WILLIAMSON COUNTY

Control #:

1241403

Date Formed:

09/24/2021

Formation Locale: TENNESSEE

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

WEBER BROS HOSPITALITY, 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 filed the most recent annual report required with this office;
- * 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

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