

M22000012257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

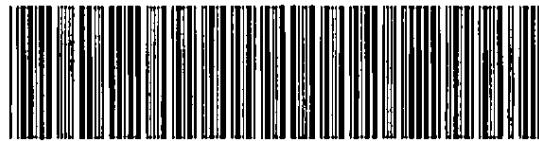
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. FRANKLIN

AUG - 5 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

Whisker Lickin' Good, LLC

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:

Mark Beatty

Name of Person

Whisker Lickin' Good, LLC

Firm/Company

6301 Silver Rock Lane

Address

Fort Worth, Texas 76135

City/State and Zip Code

mark@carlysleep.com

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

For further information concerning this matter, please call:

Mark Beauty 817 233-2838
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 & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy

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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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Webster Lickin' Good, LLC

(Name of Foreign Limited Liability Company, must end in "Limited Liability Company," "LLC," or "L.L.C.")

(If more than one, enter address where filed for the purpose of transacting business in Florida. The address must must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Texas

38-1497023

3. Classification code for which foreign limited liability company is organized:

(FLC number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)
(See section 605.0902(9) & 605.0903(5) for determination of penalty liability.)

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5. 6301 Silver Rock Lane

6. 6301 Silver Rock Lane

Street Address of Principal Office

Office Address

7. Fort Worth, Texas 76135

Fort Worth, Texas 76135

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

Name:

Media Mavens Group, LLC **MEDIA MAVENS GROUP, LLC**

Office Address:

124 Henric Court

Day/night

33896

(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.

Stead-Rigby
(Registered agent's signature)

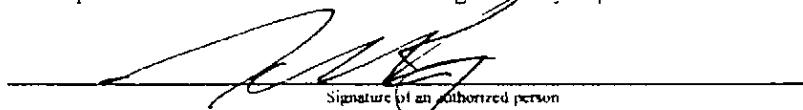
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Mark Beatty	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 6301 Silver Lake Lane	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Fort Worth, Texas 76135	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
 <input type="checkbox"/> Member	Address: _____	 <input type="checkbox"/> Member	Address: _____
 <input type="checkbox"/> Authorized	_____	 <input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
 <input type="checkbox"/> Member	Address: _____	 <input type="checkbox"/> Member	Address: _____
 <input type="checkbox"/> Authorized	_____	 <input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> 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

Mark Beatty

Typed or printed name of signer

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



John B. Scott
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Whisker Lickin' Good, LLC (file number 804476322), a Domestic Limited Liability Company (LLC), was filed in this office on March 15, 2022.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate MARK BEATTY as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

6301 SILVER ROCK LANE

FORT WORTH, TX - 76135 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 01, 2022.

2022
Aug 1
PBI


John B. Scott
Secretary of State



Come visit us on the internet at <https://www.sos.texas.gov>

Phone: (512) 463-5555
Prepared by: SOS-WEB

Fax: (512) 463-5709
TID: 10268

Dial: 7-1-1 for Relay Services
Document: 1166082630002