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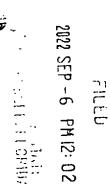
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#### · COVER LETTER

TO:

ro:	Registration Section Division of Corporations		
	Craft Axe Throwing Franchise, LLC		
SUBJI	ECT:		
	Nan	ne of Limited Liability Company	
The en Exister	aclosed "Application by Foreign Limited Liability nce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.	
Please	return all correspondence concerning this matter	to the following:	
	Jake Jensen		
		N	
	Name of Person  Croft Avo Throwing Franchise, LLC		
	Craft Axe Throwing Franchise, LLC		
	Firm/Company 220 Jenkins Bridge Rd		
	Address Fountain Inn. SC 29644  City/State and Zip Code		
	admin@craftaxethrowing.com		
	E-mail address: (to b	ne used for future annual report notification)	
Car fin	rther information concerning this matter, please ca	a  ·	
Jake Jensen		864 764-6800	
	Name of Contact Person	at () Area Code Daytime Telephone Number	
	Mailing Address: Registration Section	Street Address: Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE  S125.00 Filing Fee  \$130.00 Filing F  Certificate	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate	

## 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: Craft Axe Throwing Franchise, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C," South Carolina 86-1247436 (Hal number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) N/A 4. (Date first transacted business in Florida, if prior to (egistration.) (See sections 605 0904 & 605 0905; F.S. to determine penalty liability) 220 Jenkins Bridge Rd Same (Street Address of Principal Office) (Mailing Address) Fountain Inn, SC 29644 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Florida Registered Agent LLC Name: 7901 4th St N STE 300 Office Address: 33702 St. Petersburg (City) 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.

# The State of South Carolina



## Office of Secretary of State Mark Hammond

### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Craft Axe Throwing Franchise, LLC, a limited liability company duly organized under the laws of the State of South Carolina on July 2nd, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 26th day of August, 2022.

Mark Hammond, Secretary of State