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S. ROBERTS
SEP 13 2022

COVER LETTER

	Beef O Brady's Cantonment, LLC			
BJECT:	Nam	ne of Limited Liability Company		
=1				
istence, ar	Application by Poreign Elimited Elability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certif referenced foreign limited liability company to transact business in		
	all correspondence concerning this matter			
	Michelle Knight	·		
		Name of Person		
	200			
	FSC Franchise Co, LLC			
	Firm/Company			
	5660 W Cypress St Suite A			
		Address		
	T			
	Tampa, FL 33607			
	C	City/State and Zip Code		
	mknight@fscfranchiseco.com			
	E-mail address: (to be	e used for future annual report notification)		
further in	formation concerning this matter, please ca	H:		
Mic	helle Knight	813 226-2333		
	Name of Contact Person	at () Area Code Daytime Telephone Number		
Mailing Address:		Street Address:		
Registration Section		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		
	osed is a check for the following amount:			
	se make check payable to: FLORIDA DEP 125.00 Filing Fee \$130.00 Filing Fe			
	125.00 Filing Fee \$\Bigci \\$130.00 Filing Fe			

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	iment, LLC Limited Liability Company, must include "Limite	d Liability	Company," "I. L.C.," or "LI.C.")			-
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida The a	Iternate name must include "Limited Liability Co	inpany," "L	C," or "	ī.l.C.")
Delaware 2. (Jurisdiction under the law of which foreign limited liability company is organized)		88-4103386 3. (FEI number, if applicable)			-	
09/26/2022 4.						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605 0905, F.S. to determine	registration ne penalty l) iability)			
Beef O Brady's Canton 5.	ment, LLC		FSC Frachise Co, LLC			
(Street Address of Principal Office)	 -	6	(Mailing Address)			-
ł New Market Street 5660		5660 W Cypress St Suite A	0 W Cypress St Suite A			
Cantonment, FL 32533 Tam		mpa, FL 33607				
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)	,	20	
Name:	Michelle Knight				20 22 SEP 13	k., .,
Office Address:	5660 W Cypress St Suite A				13 PH	
	Tampa		33607 , Florida		2: 0	
	(City)		(Zip code)	- ; i	<u>.</u>	

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.

Line Da Dinis

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: Chris Elliott	■Manager	Name: Michelle Knight
□Member	Address: 5660 W Cypress St Suite A	□Member	Address: 5660 W Cypress St Suite A
□Authorized	Tampa, F1, 33607	□Authorized	Tampa, FL 33607
Person		Person	
□Other		□Other	□ Other
□Manager	Name:	□Munager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□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.

Michelle Kught
Signyure of an authorized person





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

DELAWARE, DO HEREBY CERTIFY "BEEF O BRADY'S CANTONMENT, 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 SIXTH DAY OF SEPTEMBER, A.D. 2022.

Authentication: 204324203

Date: 09-06-22