Division Coverages Letroni Glin Sove Sheer

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BARKER WILLIAMS, PLLC

Account Number : I20170000030 Phone : (850)308-7033 Fax Number : (850)308-7115

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: mriggle@bk-fl.com

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Foreign Limited Liability Company Consolidated Taco, LLC

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	COVERLETTER	1	į	
TO: Registration Section Division of Corporation	ns	•		
Consolidated Tavo	LLC			
200 300 400 4 C	Name of Limited Liability Company			
The enclosed "Application by Fri	reign Limited Liability. Company for Authorization to Fransact Business in Florida," C ed to register the above referenced foreign limited liability company to naissact busines			
Please return all convespondence	concurring this matter to the following:			
Farrar J. Bark	;			
	Name of Purson			
Burker Willian	rs. PLLC			
	Енти Сепирану			
60 Clayton La				
	Address			
	ich, Florida <u>\$1</u> 459			
	City/State and Zip Code			
Thanker grbucken				
***************************************	temail address: (to be used for future annual report notification)			
For further information concerning	g this matter, please coff-			
Farrar J. Bucker	350 308-7033 at () of Connect Person Area Code Daytime Telephone Number			
Name o	of Contact Person Area Code Daythus Telephone Number			
<u>Mailing Address:</u> Registration Section Division of Corporat	Street Address: Registration Section from Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32.	14 2415 N. Montoe Street, Suite 810 Tallahassee, Fl. 32303			
Unclosed is a check for the Pieuse make check pay if III \$175,00 Filling Fee	lic following amount ole to: FLORIDA DEPARTMENT OF STATE D\$130.00 Filing Fee & # \$153.00 Filing Fee & 1 \$146.00 Filing Fee, Cer Certificate of Status Certified Copy of Status & Certifie			

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

Consolidated Taco, LL						_
(Name of Foreign	Limited	nability Company; must include "Limited Liability Con	npany," 'L. L.C.," or "LLC")			
						-
ma unavailable, enter alternate r	name adop	ted for the purpose of transacting husiness in Florida. The aftern	are name must include "Limited Liability (Company," "L. I	. C," or "I	I.I.C.")
elaware		3				
(Jurisdiction under the law of w	hich fores	in limited liability company is organized)	(FEI number, 18 ap	plicable)		•
	r Dai	First transported business as Florida Mariot to registration				
	(Sei	e first transacted business in Fforida, if prior to registration.) sections 605 0904 & 605 0905, F.S. to determine penalty liability				
4477 Legendary Drive	, Suite	1 447	7 Legendary Drive, Suite i (Mailing Address)			
(Address of Principal Office)			(Mailing Address)			•
Destin, Florida 32541		Des	tin. Florida 32541			
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Same and street addres	s of Flo	orida registered agent: (P.O. Box <u>NOT</u> accep	ntable)	: •	1 NAC E	
	3		,		-	<u> </u>
	Mich	ael Riggle		::-;	0	in 5
Name:				7	H	Ų.
	4477	Legendary Drive, Suite 1			ं	
Office Address:			_	<u></u> .	է2	
	Desti	7	32541			
		(Cay)	, Florida			
	tance:	,	•			

(Registered agent's signature)

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8. For initial index manage [up to six (ting purposes 6) total]:	list names, title or capacity and addi	resses of the primary n	nembers/managers or persons authorized to		
Title or Capacity:		Name and Address:	Title or Capacity:	Name and Address:		
□Manager	Name: Edv	vard Stutz	□Manager	Name:		
□Member	Address:	77 Legendary Drive	□Member	Address: 4477 Legendary Drive		
□Authorized	Suite 1		□Authoriz e d	Suite I		
Person	Destin, Flo	rida 32541	Person	Destin, Florida 32541		
≅ Other		□Other	■Other	□ Other		
□Manager	Name: Kev	in Delaptane	□Manager	Name:		
□Member	Address:	77 Legendary Drive	□Member	Address: 4477 Legendary Drive		
□Authorized	Suite 1		□Authorized	Suite 1		
Person	Destin, Flo	rida 32541	Person	Destin, Florida 32541		
■Other		□Other	■Other	□Other		
□Manager	Name:		□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. 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.						
	M	dial Right SPDABSF26240A Symmetric of an				
	Mich	ael Riggle, Authorized Representative	od name of signee	1-701-hida1k141		

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONSOLIDATED TACO, 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 FOURTERNTH DAY OF DECEMBER, A.D. 2022.

AND I DO REREBY FURTHER CERTIFY THAT THE SAID "CONSOLIDATED TACO, LLC" WAS FORMED ON THE FIRST DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5777941 8300 SR# 20224263184



Authentication: 205091470

Date: 12-14-22