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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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## COVER LETTER

TO:

TO:	Registration Section Division of Corporations	
SUBJ	Collins American Grill, LLC ECT:	
		me of Limited Liability Company
		y Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter	r to the following:
	Lisette Ruiz	
		Name of Person
	Maxwelle Real Estate Group, Inc.	
		Firm/Company
	333 SE 2nd Avenue, Suite 3588	
		Address
	Miami, Florida 33131	
		City/State and Zip Code
	lruiz@maxwelle.com	
	E-mail address: (to	be used for future annual report notification)
For fu	rther information concerning this matter, please of	raH:
	Lisette Ruiz	305 830-1023
	Name of Contact Person	at ()
	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  \$125.00 Filing Fee \$130.00 Filing F  Certificate	EPARTMENT OF STATE  Fee & □ \$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 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Collins American Grill (Name of Foreign	Limited Liability Company; must include "Limit	ted Liability Comp	sany," "L.L.C.," or "LL	.C.")			_
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida, The alternati	r name must include "Lim	ned Liability C	ʻompany." "L	.L.C." or	"LLC."
Delaware 2.		2					
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	٠١٠	(FEI	l number, if ap	plicable)		_
4.							
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deter	o registration.) mine penalty liability	•				
333 SE 2nd Avenue, S 5. (Street Address of Principal Office)			SE 2nd Avenue, Su				_
Miami, Florida 33131			ni, Florida 33131				
					<del></del>	20	_
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> accept	able)		CANA.	6- JYH EZ	_ <u></u>
Name:	Lisette Ruiz		_	; ;	SEC. FL	9 AM 10: 21	LED
Office Address:	333 SE 2nd Avenue, Suite 3588		_	· ·	ORIDA	0: 21	
	Miami		33131 _ , Florida	ŗ.			
	(City)		(Zip co	ide)			
Registered agent's accep	tance:						

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: Richard Weisfisch	■Manager	Name: Todd Rosenberg
□Member	Address: Maxwelle Real Estate Group	□Member	Address: Pebb Capital
□Authorized	333 SE 2nd Avenue, Suite 3588	□Authorized	7900 Glades Road, Suite 540
Person	Miami, Florida 33131	Person	Boca Raton, Florida 33434
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	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	□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.

PD/M	
	Signature of an authorized person
Richard Weisfisch	
	Typed or printed name of signee

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "COLLINS AMERICAN GRILL, 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 FOURTH DAY OF MAY, A.D. 2023.

Authentication: 203275976

Date: 05-04-23

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