## Florida Department of State

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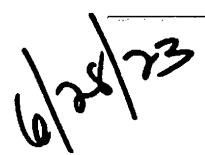
Account Name : BERGER SINGERMAN LLP, FT.LAUDERDALE

Account Number : 120020000154 Phone : (954)712-5119

Fax Number : (954)523-2872

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

jfafone@protonmail.com Email Address:\_



## Foreign Limited Liability Company TJJ PIZZA OPCO LLC

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Estimated Charge	\$160.00

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Corporate Filing Menu

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

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Pertudication under the law of which	foreign limited liability company is organized)			3. 92-2651082				
	(Partidiotion under the law of which foreign limited liability company is organized)		(PM number, if applicable)					
-	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	rgistration.) re penalty liability)	· · · · · · · · · · · · · · · · · · ·	_				
100 El Jobean Road					•			
Address of Principal Office)	····	6. <del>(M</del>	uling Address)	<del></del>				
ort Charlotto, FL 33948								
			<del></del>					
ame and <u>sucet address</u> of	Florida registered agent: (P.O. Box	NOT acceptab	le)	S	202			
Name:	lena Maruca Barone			ALE	3 MAR	€.		
Office Address:	00 El Jobean Road			AFAS AFAS	~- <sub>2</sub>	,		
Po	ort Charlotte		33948		3	1		
	(771.)	<del></del>	Florida (Zin code)	_ :_:::		٠.		
	(City)		(zap well)					
tered agent's acceptance	• •		(Sip Well)	무섭	<u>5</u>			

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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	1	Name and Address:
Menager	Name: Elena Maruca Barono	□Manager	Name:	
☐Member	Address: 1100 El Jobean Road	□Member	Addross:	
□ Authorized	Port Charlotte, FL 33948	□Authorized		
Person	·	Person		· · · · · · · · · · · · · · · · · · ·
□Other	□ Other	Other		D0ther
□ Manager	Name:	□Manager	Name:	· ·
□ Member	Address:	□Member	Address:	
C 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. Nonindexed 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, P.S.

Elena Maruca Barone

00, 40, 2020 10.00

1 **mac** - 00/00

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

DELAWARE, DO HEREBY CERTIFY "TJJ PIZZA OPCO 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TJJ PIZZA OPCO LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2023.

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

Authentication: 202770366

Date: 02-23-23

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