

M23000009071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

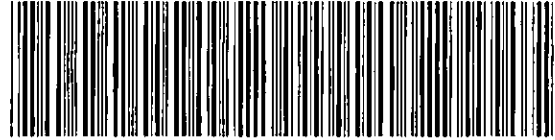
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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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AND
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JUL 14 2023

Brumby

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: W23000082063

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jennifer Stamps

Name of Person

HJR LLC

Firm/Company

6250 Enterprise Drive

Address

Knoxville, TN 37909

City/State and Zip Code

billing@hjrrestaurants.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Stamps

865 690.5820
at (_____) _____
Area Code Daytime Telephone Number

Name of Contact Person

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HJR LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- HJ Restaurants
(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 "LLC.")
2. TN 3. 88-4380726
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 8/23/2023 estimated opening date
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0994 & 605.0905, F.S. to determine penalty liability.)
5. 6250 Enterprise Drive
(Street Address of Principal Office)
6. 6250 Enterprise Drive
(Mailing Address)
- Knoxville, TN 37909 Knoxville, TN 37909
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Garett Dell

Office Address: 9800 4th Street North Suite 206
St. Petersburg 33702
Florida (Zip code)

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.

Garett Dell
(Registered agent's signature)

APPROVED
AND
FILED
2023 JUL 13 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Robert C. Maxson	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 6250 Enterprise Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Knoxville, TN 37909	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

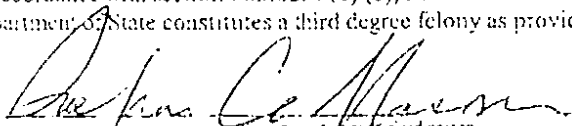
<input type="checkbox"/> Manager	Name: John Dell	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 6250 Enterprise Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Knoxville, TN 37909	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.



Signature of authorized person

Robert C. Maxson, Member

Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

JENNIFER STAMPS
6250 ENTERPRISE DRIVE
KNOXVILLE, TN 37909

June 2, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0532673

Issuance Date: 06/02/2023
Copies Requested: 1

Document Receipt

Receipt #: 008150584 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3852254035 \$20.00

Regarding:	HJR LLC	
Filing Type:	Limited Liability Company - Domestic	Control #: 1375444
Formation/Qualification Date:	12/12/2022	Date Formed: 12/12/2022
Status:	Active	Formation Locale: TENNESSEE
Duration Term:	Perpetual	Inactive Date:
Business County:	KNOX COUNTY	

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

HJR LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 060972831