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COVER LETTER

Registration Section Division of Corporations

TO:

	Name of Lin	nited Liability (Company	· · · · · · · · · · · · · · · · · · ·
The enclosed "Application by Fore Existence, and check are submitted	eign Limited Liability Compan I to register the above reference	y for Authoriza ed foreign limit	ition to Transact lited liability comp	Business in Florida," Certificate of any to transact business in Florida
Please return all correspondence c	oncerning this matter to the fol	lowing:		
Jeff Sivek				
	Name	of Person		
Dentons US LL	.P			
	Firm	Company		
1900 K St. NW				
	A	ddress		
Washington, D.C	c. 20006			
	City/State	and Zip Code	-	
jeff.sivek@denton				
	E-mail address: (to be used fo	r future annual	report notificatio	n)
For further information concerning	this matter, please call:			
Jeff Sivek		1 (_202) 496-7177	
Name of	Contact Person	Area Code	Daytime To	elephone Number
MAILING ADDRESS: Division of Corporations			STREET ADDI	
Registration Section P.O. Box 6327			Registration Sec	
Tallahassee, FL 32314			Clifton Building 2661 Executive Tallahassee, FL	
Enclosed is a check for the Please make check payable	e following amount: e to: FLORIDA DEPARTME	NT OF STAT	·ir	
☐ \$125.00 Filing Fee	1 3 \$130.00 Filing Fee &	_	_	S160.00 Filing Fee, Certificate

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

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

ARC BURGER, LLC					
(Name of Foreign	Limited Liability Company, must include "Limit	ed Liability Company.	"L.L.C.," or "LLC.")		
name unavailable, enter alternate	name adopted for the purpose of transacting business in FI	orida. The alternate name r	nust include "Limited Liability (Commence " "T. I. C. " ove "I.	17. "1
Delaware	•			company, alter or L	LC)
(Jurisdiction under the law of which foreign limited liability company is organized)		3	(FEI number, if applicable)		
May 2, 2023					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605 0905, F.S. to determ	registration.) tine penalty liability)	<u></u>	_	
1012 College Road, S		6. <u>1012 Coll</u>	ege Road, Suite 201 (Mailing Address)		-
Dover, DE 19904		Dover, DE	19904		_
				2023 J	_
	ss of Florida registered agent: (P.O. Box	: <u>NOT</u> acceptable)		ML 24	FILE
Name:	CCS Global Solutions, Inc.				C
Office Address:	155 Office Plaza Drive, 1st Floor			1000000 100000000000000000000000000000	
	Tallahassee	, FI	orida <u>32301</u>	_	
	(Cny)		(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.

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: Name: Anand Gowda Manager Manager Manager Name: Address: 1012 College Road, Suite 201 Member Member Address: Dover, DE 19904 Authorized Authorized Person Person Other____ Other____ Other Other___ Name: Coady Smith Manager Manager | Address: 1012 College Road, Suite 201 Member Member Address: ____ Authorized Dover, DE 19904 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, F.S. Signature of an authorized person Anand Gowda

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "ARC BURGER, 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 TWENTIETH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARC BURGER, LLC"
WAS FORMED ON THE SECOND DAY OF MAY, A.D. 2023.

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

Authentication: 203789815

Date: 07-20-23