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### COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	ORLANDO BURGERS LLC				
200000000000000000000000000000000000000	Nam	e of Limited Liability Con	pany		
			n to Transact Business in Florida," Certificate of liability company to transact business in Florida.		
Please return	n all correspondence concerning this matter t	to the following:			
	Jaryd P. Green, Esq.				
		Name of Person			
	Baker & Summy, PC				
		Firm/Company			
	48.00				
Duluth/GA 30097					
		City/State and Zip Code			
	shehzaan@chunaragroup.com; aman@	chunaragroup.com; jaryd@	@basattorneys.com		
	E-mail address: (to be	c used for future annual rep	port notification)		
For further i	nformation concerning this matter, please ca	II:			
Jaryd P. Green		404 at (	566-4535		
	Name of Contact Person	Area Code	Daytime Telephone Number		
Mailing Address: Registration Section		Street Address: Registration Sect			
Division of Corporations		Division of Corporations The Centre of Tallahassee			
P.O. Box 6327					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303			
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEI \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	e & 🔲 \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name mavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The alternate name m	mat include "Limited Liabil	lity Company," "L.L.C	"," or "LLC."		
GEORGIA		2					
2. (Jurisdiction under the law of which foreign limited liability company is organized		.)	(FFI number, if applicable)				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration ) ine penalty liability)					
2199 GLENMORE LA	ANE	2199 GLENMORE LANE					
Street Address of Principal Office)		6. (Mailing	Address)				
SNELLVILLE, GA 30	0078	SNELLVILLE, GA 30078					
				3 4			
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		SECHE AND TALLANA			
Name:	AMAN BHOJANI			Con The Control	[zz		
	12848 CALDERDALE AVE			AM II: UZ SEE STATE SEE FI			
Office Address:			34786	<u> </u>	5		
Office Address:	WINDERMERE	, Flo	)riaa				

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: SHEHZAAN CHUNARA Name: AMAN BHOJANI Manager □Manager Address: \_\_\_\_ Address: \_\_\_\_ **■**Member **≡**Member WINDERMERE, FL 34786 SNELLVILLE, GA 30078 □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_\_ Name: \_\_\_\_\_ Name: [] Manager ∐Manager Address: \_\_\_\_\_ □Member Address: □Member Authorized □ Authorized Person Person □Other □Other\_ □Other\_\_\_\_\_ ∐Other Name: \_\_\_\_\_\_ ∐Manager ∐Manager Address: □ Member []Member Address: ☐ Authorized □ Authorized Person Person □ Other □ Other\_\_\_\_ ElOther\_\_\_\_\_ 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

Typed or printed name of signer

AMAN BHOJANI

Control Number: 23102693

## STATE OF GEORGIA

## Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 25657823 Date Inc/Auth/Filed: 05/05/2023 Jurisdiction : Georgia Print Date : 07/20/2023

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605,0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company must submit 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.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," The abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

The fees to register are as follows:

S 100.00 Filing Fee for Application
S 25.00 Designation of Registered Agent
S 30.00 Certified Copy (optional)
S 5.00 Certificate of Status (optional)

#### > Important Information About the Requirement to File an Annual Report

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$138.75. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at <a href="https://www.sunbiz.org">www.sunbiz.org</a>. There is no provision to waive the late fee. Be sure to file before May 1st.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

#### 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