

1723000010859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

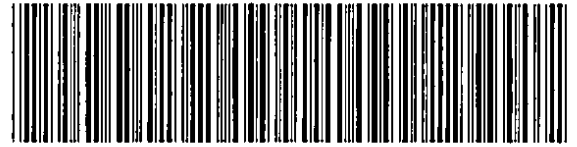
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. LEMIEUX
AUG 21 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MONUMENT GRILL LLC

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:

JEFF AMERONGEN

Name of Person

MONUMENT GRILL LLC

Firm/Company

5345 FULTON INDUSTRIAL BLVD STE A

Address

ATLANTA, GA 30336

City/State and Zip Code

Jamerongen@monumentgrills.com

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

For further information concerning this matter, please call:

ANGELA LI

7327779330 EXT 122

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

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 ☒ SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MONUMENT GRILL LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include ☐ Limited Liability Company, "LLC," "L.L.C.," or "LLC."

2. DE 3. 37-1830616
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07/24/2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.005, F.S. to determine penalty liability)

5. 5345 FULTON INDUSTRIAL BLVD STE A 6. 5345 FULTON INDUSTRIAL BLVD STE A
(Street Address of Principal Office) (Mailing Address)
ATLANTA, GA 30336 ATLANTA, GA 30336

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Northwest Registered Agent LLC
Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(City) (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.

Taylor Newman
(Registered agent's signature)

2023 APR 15 PM 12:33

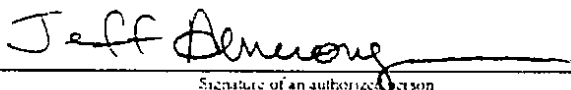
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|--|--|--|
| <input checked="" type="checkbox"/> Manager | Name: <u>XINYUAN YU</u> | <input checked="" type="checkbox"/> Manager | Name: <u>JEFF AMERONGEN</u> |
| <input type="checkbox"/> Member | Address: <u>5345 FULTON INDUSTRIAL</u> | <input type="checkbox"/> Member | Address: <u>5345 FULTON INDUSTRIAL</u> |
| <input checked="" type="checkbox"/> Authorized | <u>BLVD STE A</u> | <input checked="" type="checkbox"/> Authorized | <u>BLVD STE A</u> |
| Person | <u>ATLANTA, GA 30336</u> | Person | <u>ATLANTA, GA 30336</u> |
| <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 _____ |
| <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 an authorized person

JEFF AMERONGEN

Typed or printed name or signer



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8764113
ANGELA LI
1740 ROUTE 27
EDISON, NJ 08817

07-10-2023

| DESCRIPTION | AMOUNT |
|--|---------|
| 6068185 - MONUMENT GRILL LLC Entity Status - Short Form | |
| Certification Fee | \$50.00 |
| Expedite Fee, 24 Hour | \$40.00 |
| TOTAL CHARGES | \$90.00 |
| TOTAL PAYMENTS | \$90.00 |
| BALANCE | \$0.00 |

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MONUMENT 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 TENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MONUMENT GRILL LLC" WAS FORMED ON THE FOURTEENTH DAY OF JUNE, A.D. 2016.

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

6068185 8300

SR# 20232946175

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203707975

Date: 07-10-23