

W23000011795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

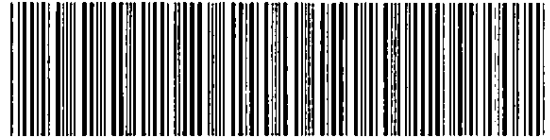
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500413056455

08/01/23--01004--010 **125.00

FILED

2023 SEP 14 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FL

W23-107394



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2023

LESLIE A. JONES
5151 BELTLINE ROAD, SUITE 1200
DALLAS, TX 75254 US

SUBJECT: TWIN RESTAURANT FL PAYROLL, LLC
Ref. Number: W23000107394

We have received your document for TWIN RESTAURANT FL PAYROLL, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 323A00017807

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TWIN RESTAURANT FL PAYROLL, 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:

Leslie A. Jones

Name of Person

Twin Restaurant, LLC

Firm/Company

5151 Beltline Road, Suite 1200

Address

Dallas, TX 75254

City/State and Zip Code

leslie.jones@tprest.com

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

For further information concerning this matter, please call:

Leslie Jones

214

542-8712

at (_____) _____

Name of Contact Person

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

1. TWIN RESTAURANT FL PAYROLL, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. DE 93-1853107
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5151 Beltline Road 6. 5151 Beltline Road
(Street Address of Principal Office) (Mailing Address)
Suite 1200 Suite 1200
Dallas, TX 75254 Dallas, TX 75254

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

Name: CT Corporation System
Office Address: 1200 S. Pine Island Road, #250
Plantation, Florida 33324
(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.

Denise Bell

(Registered agent's signature)

FILED
2023 SEP 14 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FL

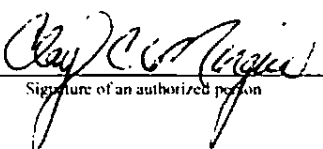
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Joseph W. Hummel	<input type="checkbox"/> Manager	Name: Clay C. Mingus
<input type="checkbox"/> Member	Address: 5151 Beltline Road	<input type="checkbox"/> Member	Address: 5151 Beltline Road
<input type="checkbox"/> Authorized	Suite 1200	<input type="checkbox"/> Authorized	Suite 1200
Person	Dallas, TX 75254	Person	Dallas, TX 75254
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Secretary	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: FAT Brands Twin Peaks I, LLC	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 9720 Wilshire Boulevard	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 500	<input type="checkbox"/> Authorized	_____
Person	Beverly Hills, CA 90212	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
Clay C. Mingus

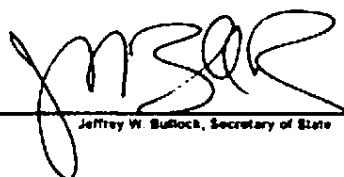
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TWIN RESTAURANT FL PAYROLL, 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2023.


Jeffrey W. Bullock, Secretary of State

7513016 8300

SR# 20233397476

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

Authentication: 204080945

Date: 08-31-23