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Florida Department of State
Division of Corporations
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FLORIDA

Foreign Limited Liability Company
ZAXBY'S FRANCHISING LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$932.50

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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. Zaxby's Franchising 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. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 58-2129098
(FEI number, if applicable)

4. 10/25/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0903 & 605.0904 F.S. to determine penalty liability)

5. 1040 Founder's Boulevard
Suite 100
Athens, GA 30606
(Street Address of Principal Office)

6. 1040 Founder's Boulevard
Suite 100
Athens, GA 30606
(Mailing Address)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(City) (Zip code)

2023 SEP 22 PM 4:15

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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.

CT Corporation System

By: [signature]
(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:
☐Manager	Name: Bernard Acosta	☐Manager	Name: Brenda Trickey
☐Member	Address: 1040 Founders Blvd.,	☐Member	Address: 1040 Founder's Blvd.,
☒Authorized	Suite 100	☒Authorized	Suite 100
Person	Athens, GA 30606	Person	Athens, GA 30606
☐Other	☐Other	☐Other	☐Other
☐Manager	Name: Robert Colvin	☐Manager	Name:
☐Member	Address: 1040 Founder's Blvd.,	☐Member	Address:
☒Authorized	Suite 100	☐Authorized	
Person	Athens, Georgia 30606	Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐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.

DocuSigned by:
Robert Colvin
D0AB1C2EC0F7AC4...

Signature of an authorized person

Robert Colvin Authorized Person

Typed or printed name of signer

Control Number : K421873

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

ZAXBY'S FRANCHISING LLC
a Domestic Limited Liability Company

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	25811872
Date Inc/Auth/Filed	09/08/1994
Jurisdiction	Georgia
Print Date	09/01/2023
Form Number	211

Brad Raffensperger
Secretary of State