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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C I CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)288-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: lstreet@zaxbys.com

**Foreign Limited Liability Company
ZANBY'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 85.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Zasby's Franchising LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLC's")

(If name and certificate number have been adopted for the purpose of transacting business in Florida, the certificate number must include "Florida Registered Company," "FLC," or "FLC's")

2. Georgia

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 58-2129990

(FLC number, if applicable)

4. 10/25/2021

(Date first transacted business in Florida, or date of registration)
(See sections 855.09(1) & 855.09(3), F.S., to determine penalty for delay.)

5. 1040 Founder's Boulevard

(Street Address of Principal Office)

6. 1040 Founder's Boulevard

(Mailing Address)

Suite 100

Suite 100

Athens, GA 30606

Athens, GA 30606

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

FL

33324

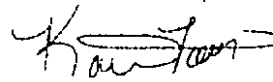
(Zip Code)

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.

By CT Corporation System

(Registered agent's signature)



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STATE OF FLORIDA
CLERK OF THE COURT

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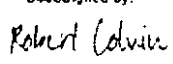
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Bernard Accoa</u>	☐ Manager	Name: <u>Brenda Trickey</u>
☐ Member	Address: <u>1040 Founders Blvd.,</u>	☐ Member	Address: <u>1040 Founder's Blvd.,</u>
☒ Authorized	Suite 100	☒ Authorized	Suite 100
Person	<u>Athens, GA 30606</u>	Person	<u>Athens, GA 30606</u>
Other _____	☐ Other _____	Other _____	☐ Other _____
 ☐ Manager	Name: <u>Robert Colvin</u>	 ☐ Manager	Name: _____
☐ Member	Address: <u>1040 Founder's Blvd.,</u>	☐ Member	Address: _____
☒ Authorized	Suite 100	☐ Authorized	_____
Person	<u>Athens, Georgia 30606</u>	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 indexed 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:

 604B1C7E60F74E4

 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*

Brad Raffensperger
Secretary of State