013109

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooding III III Colly
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
j

Office Use Only



200416566022

2023 OCT | | PM |: 57 RECEIVED

OCT 1 1 2023

K. Brumbley

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/11/2023

NAME:

BYRD COOKIE COMPANY OF KEY WEST, LLC

TYPE OF FILING: APPLICATION

COST:

130.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

CC	OVER LETTER
TO: Registration Section Division of Corporations	
Byrd Cookie Comany of Key West, LLC SUBJECT:	
	Limited Liability Company
	npany for Authorization to Transact Business in Florida," Certificate of crenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to th	e following:
Lynda Neal	
1	Name of Person
Hunter, Maclean, Exley & Dunn, P.C.	
	Firm/Company
200 East Saint Julian Street	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Address
Savannah, Georgia 31401	
City/	State and Zip Code
Stephanic@byrdsfamous.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please call:	
Lynda Neal	912 231-2969 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

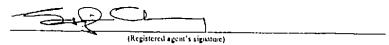
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

Byrd Cookic Compan	y of Key West, LLC			
(Name of Foreig	n Limited Liability Company; must include "Limited	d Liability Company," "L.E.C.," or "LLC.")		_
name unavailable, enter alternate	name adopted for the purpose of nuntacting business in Flo	orida. The alternate name must include "Limited Liability Compa	ny," "l.l.C," or	-LLC."
Georgia		N/A		
(Jurisdiction under the law of	which foreign limited liability company is organized)	3. (FEI number, if applicab	(c)	_
October 11, 2023				
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne penalty liability)		
200 Elizabeth Street	•	6700 Waters Avenue		
reet Address of Principal Office)		6. (Mailing Address)		-
Key West, Florida 330	40	Savannah, Georgia 31406		
			22:	2023
				30.
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	IFT:	
			4.4	_
Name:	Stephanic Lindley			PH 6
Office Address:	200 Elizabeth Street			6: 33
	Key West	33040		
	(City)	, Florida		

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.



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: Stephanie Lindley □Manager □Manager Name: 200 Elizabeth Street **≅**Member □Member Address: Key West, FI 33040 □ Authorized Authorized Person Person Other Other □Other Other____ Name: □Manager □ Manager Name: □Member Address: _____ ☐ Member Address: OAuthorized □ Authorized Person Person Other____ Other____ DOther__ Other_____ □ Manager Name: _____ Name: □Manager □ 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. 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 \$.817.155, F.S. Stephanic Lindley

Typed or printed name of signee



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

Byrd Cookie Company of Key West, 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 : 26132803 Date Inc/Auth/Filed: 10/10/2023 Jurisdiction : Georgia Print Date : 10/10/2023

Form Number : 211



Brad Raffonsperger