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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Doing so will generate another cover sheet.

To:

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

From:

Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888)491-1120
Fax Number : (954)333-2132

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

Email Address: ACCOUNTING@EMMYSQUAREDPIZZA.COM

**Foreign Limited Liability Company
Pizza Loves Emily Holdings, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS
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TALLAHASSEE, FL

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIZZA LOVES EMILY HOLDINGS, 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:

JAMES E. RAUH, ESQ.

Name of Person

GREENSPOON MARDER LLP

Firm/Company

600 BRICKELL AVENUE, SUITE 3600

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

ACCOUNTING@EMMYSQUAREDPIZZA.COM

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

For further information concerning this matter, please call:

JAMES E. RAUH, ESQ.

305

783-2732

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

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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. PIZZA LOVES EMILY HOLDINGS, 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," or "L.L.C.")

2. TENNESSEE 3. 81-4936834
(State in which foreign limited liability company is organized) (FEI number, if applicable)

4. OCTOBER 12, 2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0903, F.S., to determine liability liability)

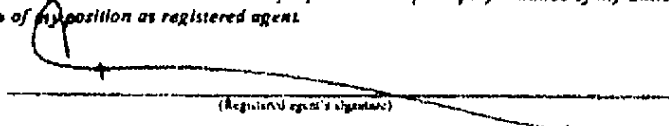
5. 3015 POSTON AVENUE 6. 3015 POSTON AVENUE
(Street Address of Principal Office) (Street Address)
NASHVILLE, TN 37203 NASHVILLE, TN 37203

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

Name: GREENSPOON MARDER LLP
Office Address: 600 BRICKELL AVENUE, SUITE 3600
MIAMI 33131
(City) (Zip code)
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.


(Registered agent's signature)

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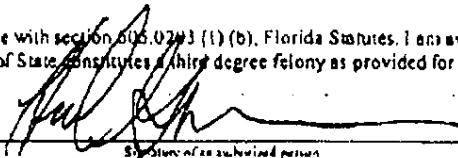
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: HOWARD GREENSTONE	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3015 POSTON AVENUE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	NASHVILLE, TN 37203	<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 _____
<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 605.0243 (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 authorized person
 HOWARD GREENSTONE

 Typed or printed name of signer

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Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CHRIS INGVALSON
1144 15TH ST., STE. 2700
DENVER, CO 80202

October 19, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0552298

Issuance Date: 10/19/2023
Copies Requested: 1

Document Receipt**Receipt #:** 008419139**Filing Fee:** \$20.00**Payment-Credit Card - State Payment Center - CC #:** 3860170914

\$20.00

Regarding: PIZZA LOVES EMILY HOLDINGS, LLC**Filing Type:** Limited Liability Company - Domestic**Control #:** 882117**Formation/Qualification Date:** 01/05/2017**Date Formed:** 01/05/2017**Status:** Active**Formation Locale:** TENNESSEE**Duration Term:** Perpetual**Inactive Date:****Business County:** DAVIDSON COUNTY**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

PIZZA LOVES EMILY HOLDINGS, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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