

M240000001628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

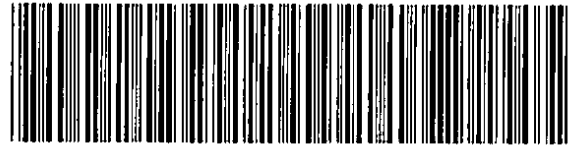
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24-9300

Office Use Only



600418935166

12/14/23--01022--007 **125.00

FILED
2024 FEB -9 PM 3:59
SECRETARY OF STATE
TOLSON, VA, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2024

SHERRY LEE
3337 SUSAN ST, STE 100
COSTA MESA, CA 92626 US

SUBJECT: LAZY DOG FAMILY, LLC
Ref. Number: W24000009300

We have received your document for LAZY DOG FAMILY, 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: 424A00001319

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Luzy Dog Family, 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:

Sherry Lee

Name of Person

Lazy Dog Restaurants, LLC

Firm/Company

3337 Susan St, Ste 100

Address

Costa Mesa, CA 92626

City/State and Zip Code

slee@ldent.com

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

For further information concerning this matter, please call:

Sherry Lee

657

200-7706

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. Lazy Dog Family, 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. Delaware 3. 92-2946410
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 3337 Susan Street, Suite 100 6. 3337 Susan Street, Suite 100
(Street Address of Principal Office) (Mailing Address)

Costa Mesa, CA 92626 Costa Mesa, CA 92626

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

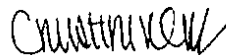
Name: National Registered Agents, Inc.

Office Address: 1200 South Pine Island Road

Plantation 33324
(City) , Florida (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.



Christine Kelm
Assistant Secretary

(Registered agent's signature)

FILED
2024 FEB -9 PM 3:59
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]:

Title or Capacity: Name and Address:

☐ Manager Name: Robert Linder

☐ Member Address: 3337 Susan St, Ste 100

☒ Authorized Costa Mesa, CA 92626

Person _____

☒ Other Officer, CFO ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Chris Simms

☐ Member Address: 3337 Susan St, Ste 100

☐ Authorized Costa Mesa, CA 92626

Person _____

☒ Other Officer, CEO ☐ Other _____

☒ Manager Name: Lazy Dog Restaurants, LLC

☐ Member Address: 3337 Susan St, Ste 100

☐ Authorized Costa Mesa, CA 92626

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

Signature of an authorized person

Robert Linder, CFO

Typed or printed name of signer

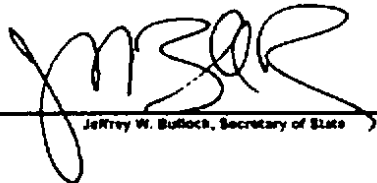
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAZY DOG FAMILY, 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 TENTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAZY DOG FAMILY, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MARCH, A.D. 2023.



Jeffrey W. Bullock, Secretary of State

7351563 8300

SR# 20234283493

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

Authentication: 202561161

Date: 01-10-24