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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FL

T. LEMIEUX
FEB 15 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Restaurant Store, 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:

Jamie Sonon

Name of Person

The Restaurant Store, LLC

Firm/Company

2205 Old Philadelphia Pike

Address

Lancaster, PA 17602

City/State and Zip Code

taxadmin@clarkinc.biz

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

For further information concerning this matter, please call:

Jamie Sonon

717
at ()

392-7550

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. The Restaurant Store, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

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

3. 47-5612954
(FEI number, if applicable)

4. 04/01/2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 8205 S John Young Parkway
(Street Address of Principal Office)

6. 2205 Old Philadelphia Pike
(Mailing Address)

Orlando, FL 32819
Lancaster, PA 17602

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

Name: Incorp Services, Inc.

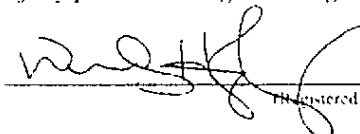
Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32313
(City) (Zip code)

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TALLAHASSEE FL

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.


Wendy Hefley on behalf of InCorp Services, Inc.
(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:**

☐ Manager Name: Stephen D. Leaman

☐ Member Address: 2205 Old Philadelphia Pike

☐ Authorized Lancaster, PA 17602

Person _____

☒ Other President ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: L. Eugene Clark

☐ Member Address: 2205 Old Philadelphia Pike

☐ Authorized Lancaster, PA 17602

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: David J. Groff

☐ Member Address: 2205 Old Philadelphia Pike

☐ Authorized Lancaster, PA 17602

Person _____

☒ Other Secretary ☐ Other _____

☐ Manager Name: Charles W. Garber

☐ Member Address: 2205 Old Philadelphia Pike

☐ Authorized Lancaster, PA 17602

Person _____

☒ Other Treasurer ☐ Other _____

☐ Manager Name: Jamie Sonon

☐ Member Address: 2205 Old Philadelphia Pike

☒ Authorized Lancaster, PA 17602

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Darren Finn

☐ Member Address: 2205 Old Philadelphia Pike

☒ Authorized Lancaster, PA 17602

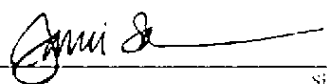
Person _____

☐ 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

Jamie Sonon

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: The Restaurant Store, LLC
Request Type: Subsistence Certificate **Issuance Date:** November 01, 2023
Request No.: 024714830 **File No.:** 0006324260
Receipt No.: 000750851
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: November 19, 2015
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

The Restaurant Store, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Secretary of the Commonwealth