M24000003939

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	COOKIN' ON WOOD, L.L.C.						
SUBJECT: Name of Limited Liability Company							
The end Existen	closed "Application by Foreign Limited Liabilities, and check are submitted to register the above	ty Company for Authorization to Transact Business in Florida." Certificate of we referenced foreign limited liability company to transact business in Florida					
Please	return all correspondence concerning this matte	er to the following:					
	ALVARO A ACEVEIXO						
	 	Name of Person					
	BRICKELL LAW GROUP PA						
		Firm/Company					
	1395 BRICKELL AVENUE STE 8	XX)					
		Address					
	MIAMI, FL 33131						
City/State and Zip Code							
	al@lawyerepa.com						
	E-mail address: (to	be used for future annual report notification)					
For furt	her information concerning this matter, please	call:					
	ALVARO A ACEVEDO	305 517 3457 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
	Mailing Address:	Street Address:					
Registration Section		Registration Section					
Division of Corporations		Division of Corporations					
	P.O. Box 6327	The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D □ \$125.00 Filing Fee ■ \$130.00 Filing Certificat	EPARTMENT OF STATE					

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

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTEN THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

t'name unavailable, enter alternate na	ne adopted for the purpose of transacting business in Floric	a The alternate	name must include "Limited Lia	bility Company,	" "L I. C," or "L	
ARIZONA		86-1	028034			
(Jurisdiction under the law of whi	ch foreign limited liability company is organized)	3	(FEI numbe	r, if applicable)		
	(Date first transacted business in Florida, if prior to reg (See sections 605 0804 & 608 0905, F.S. to determine	stration) enalty liability)			
3401 E WOOD ST		6. 3401	E WOOD ST Mailing Address)			
PHOENIX		PHOENIX				
ARIZONA 85040		ARIZ	ONA 85040		2024 1	
Name and street address	of Florida registered agent: (P.O. Box \(\frac{N}{2}\)	<u>OT</u> accept	able)		11 899	
Name:	Florida Group of Registered Agents Inc.		_	, .	PH +: 4	
Office Address:	1395 BRICKELL AVENUE SUITE 800		_		9	
MIAMI			33131			

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:
■Manager	Name: Endre Dezso	■Manager	Name: CHRIS MILES
□Member	Address: 209 West Pine Valley Ln.	□Member	Address: 3401 E WOOD ST
□Authorized	Rotonda West, FL 33947	□Authorized	PHOENIX, AZ, 85040
Person		Person	
□Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	⊡Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	□Other
⊟Manager	Nanie:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□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 s.817.155, F.S.

Chulibs

Signature of an authorized person





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

COOKIN' ON WOOD, L.L.C.

ACC file number: L09962915

was incorporated under the laws of the State of Arizona on 07/18/2001, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have hereunto set my hand, affixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 03/05/2024

Douglas Clark, Executive Director

Angle R.Clark



