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| (Business Entity Name) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer. | | | | | | |
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Office Use Only



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Boswell PLLC 4925 Greenville Avenue, Suite 720 Dallas, Texas 75206

Catherine Forte Direct (469) 658-4720 catherine@boswellpllc.com

PRIVATE AND CONFIDENTIAL

September 19, 2024

VIA FEDEX #279687465484

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: Tophats Group, LLC

Dear Clerk:

Please find the following documents enclosed:

- · The Certificate of Fact from the Secretary of State of Texas;
- The Application by Foreign LLC for Authorization to Transact Business in Florida; and
- A check for \$125.00 to cover the application fee.

If you have any questions, please do not hesitate to contact me.

Thank you.

Sincerely,

Catherine Forte

Catherine Forte

CF/fj Enclosure

COVER LETTER

| SUBJECT: | Tophats Group, LLC | | | | |
|--|--|--|--|--|--|
| SUBJECT. | Name of Limited Liability Company | | | | |
| The enclose Existence, a | ed "Application by Foreign Limited Liability and check are submitted to register the above | Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florid | | | |
| Please retur | rn all correspondence concerning this matter to | o the following: | | | |
| | | Name of Person | | | |
| | Boswell, PLLC | | | | |
| Firm/Company | | | | | |
| 4925 Greenville Avenue, Suite 720 | | | | | |
| | Address | | | | |
| | Dallas, Texas 75206 | | | | |
| | C | ity/State and Zip Code | | | |
| | joseph.morris@cfafranchisee.com | | | | |
| | E-mail address: (to be | used for future annual report notification) | | | |
| For further | information concerning this matter, please cal | II: | | | |
| Joseph Morris | | 918 809-0736 at () | | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | | | |
| Mailing Address: Registration Section | | Street Address: Registration Section | | | |
| Division of Corporations | | Division of Corporations | | | |
| P.O. Box 6327 Tallahassee, FL 32314 | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | | |
| | | Tallahassee, FL 32303 | | | |
| | nclosed is a check for the following amount: ease make check payable to: FLORIDA DEP | PARTMENT OF STATE | | | |
| | \$125.00 Filing Fee S130.00 Filing Fee Certificate of | | | | |

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:

| Tophats Group, LLC | | | | | |
|---|--|-----------------------------|--|-----------------------------|--|
| (Name of Foreign | Limited Liability Company; must include " | Limited Liability Comp | nany," "L.L.C.," or "LLC.") | | |
| (If name unavailable, enter alternate | name adopted for the purpose of transacting busine | ess in Florida The alternat | e name must include "Limited Liability C | Company," "L.1C," or "LLC," | |
| Texas 2. (Jurisdiction under the law of which foreign limited liability company is organized) | | | (FEI number, if applicable) | | |
| 4. | (Date first transacted business in Florida, if (See sections 605 0904 & 605,0905, F.S. to | orior to registration.) | | | |
| 2418 Green Park Drive 5. (Street Address of Principal Office) | e | 2418 | Green Park Drive | | |
| Arlington, Texas 7601 | | | igton, Texas 76017 | | |
| | | | | | |
| 7. Name and street address | 2024 SEF | | | | |
| Name: | Joseph Morris | | - | τ. ι.ο | |
| Office Address: | 5181 Beachwalk Drive | | _ | PH s | |
| | Miramar Beach | | 32550 _ , Florida | 051 | |
| (City) | | | (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.



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: Name: _____Morris Name: Joseph Morris Manager Manager 2418 Green Park Drive 2418 Green Park Drive □Member □ Member Arlington, Texas 76017 Arlington, Texas 76017 □ Authorized □ Authorized Person Person □Other _____ □Other_____ □Other □Other _____ ☐ Manager Name: _____ □Manager Address: Address: □Member □Member □ Authorized ☐ Authorized Person Person □Other _____ □Other____ □Other □Other_____ Name: ______ Name: _____ ☐ Manager □Manager Address: ______ Address: _________ □Member ☐ Member □ 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 s.817.155, F.S. haran Maris (Sep 18, 2024 15 19 CD1) Signature of an authorized person

Typed or printed name of signee

Joseph Morris



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Tophats Group, LLC (file number 805133704), a Domestic Limited Liability Company (LLC), was filed in this office on July 09, 2023.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 16, 2024.



gave Helson

Jane Nelson Secretary of State

Phone: (512) 463-5555

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services