M25000000954

(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: FILE FOR DECEMBER 13, 2024 FRA COUVENELISM WITH TAIRSTHA SALZL //16/2025
W24-164088

Office Use Only

K. SALY JAN 17 2025



300439318383

11/12/24--01012--023 **125.00

01/17/25--01016--009 **638.75



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2024

TABITHA SALZL KEATING MUETHING & KLEKAMP PLL SUITE 1400 1 EAST FOURTH ST CINCINNATI, OH 45202

SUBJECT: MOBILE COFFEE COMPANY, LLC

Ref. Number: W24000164088

We have received your document for MOBILE COFFEE COMPANY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

There is a balance due of \$638.75.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L22000008178 "MOBILE COFFEE LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

RECEIVED

JAN 15 2025

Karen A Saly Regulatory Specialist II

Letter Number: 624A00027122



Tabitha L. Salzl Eegal Assistant D: 513.579.6439 Isalzl@kmklaw.com

January 13, 2025

VIA UPS DELIVERY

Florida Department of State Division of Corporation The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Re: Mobile Coffee Company, LLC dba Travelin' Tom's Coffee Truck

Dear Sir/Madam:

Enclosed for processing is the amended Application for Authority to Transact Business under the name Mobile Coffee Company, LLC. As the name appears to be unable, we have indicated that the entity will be doing business under Travelin' Tom's Coffee Truck. Also enclosed is a check in the amount of \$638.75 to cover the additional cost of processing this application. A copy of the rejection letter for the original filing is enclosed.

If you have any questions or need anything further, please do not hesitate to contact the undersigned.

Sincerely.

Tabitha L. Salzl

Legal Assistant

Enclosure

COVER LETTER

TO:

TO:	Registration Section Division of Corporations	
SUBJI	ECT:	me of Limited Liability Company
		y Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Floric
Please	return all correspondence concerning this matter	r to the following:
	Tabitha Salzl	
		Name of Person
	Keating Muething & Klekamp PLL	
		Firm/Company
	Suite 1400 East Fourth Street	
		Address
	Cincinnati, OH 45202	
		City/State and Zip Code
	tsalzl@kmklaw.com	
	E-mail address: (to	be used for future annual report notification)
For fur	rther information concerning this matter, please of	call:
	Tabitha Salzi	513 579-6439 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	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 DI \$\Begin{array}{l} \$125.00 \text{ Filing Fee} & \Begin{array}{l} \$130.00 \text{ Filing Fee} & \Begin{array}{l} \$Certificate \end{array}	EPARTMENT OF STATE

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware (Jurisdiction under the law of which for	eign lumited liability company is organized)	86-1630475 3	- Na
(Jurisdiction under the law of which for	eign limited liability company is organized)	(FEI number, if a	an least la V
		(FEI number, if applicable)	
11/2	1 2023		
(S	Date first transacted business in Florida, if prior to re see sections 605.0904 & 605.0905, F.S. to determin	gistration) penalty hability)	
5945 Centennial Circle		5945 Centennial Circle	
reet Address of Principal Office)		6. (Mailing Address)	
Florence, KY 41042		Florence, KY 41042	
	 		····-
	Florida registered agent: (P.O. Box thwest Registered Agent LLC		MELCANIASS FOR
Office Address:	1 4th St N Ste 300		3: 54
St. 1	Petersburg (City)	, Florida	35
	(City)	(Zip code)	

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]: Name and Address: Mobile Coffee Company Title or Capacity: Name and Address: Title or Capacity: Name: Intermediate Holdings, LLC OManager Name: _____ □Manager Address: ____ Address: _____ ■ Member □Member Florence, KY 41042 □ Authorized □ Authorized Person Person □ Other_____ Other____ Other []Other Anthony B, Lamb □ Manager ☐ Manager Name: _____ 5945 Centennial Circle []Member □Member Florence, KY 41042 ■ Authorized □ Authorized Person Person Other □Other_ Other Other___ □ Manager Name: □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. Signature of an authorized person Anthony B. Lamb Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MOBILE COFFEE COMPANY, 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 TWENTY-FIFTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOBILE COFFEE COMPANY, LLC" WAS FORMED ON THE TWENTIETH DAY OF JANUARY, A.D. 2021.

TILEU

MA HOV 12 PM 3: 52

MALYAMASSITETTOBIO

e at corp delaware goy/auth

Authentication: 204727105

Date: 10-25-24

4792590 8300
SR# 20244045467
You may verify this certificate online at corp.delaware.gov/authver.shtml