



0004182834

**STATE OF IDAHO****Office of the secretary of state, Lawrence Denney  
FOREIGN REGISTRATION STATEMENT (LIMITED  
LIABILITY COMPANY)**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

For Office Use Only

**-FILED-**

File #: 0004182834

Date Filed: 3/1/2021 10:36:37 AM

| Foreign Registration Statement (Limited Liability Company)  |  |  |      |       |         |               |        |   |                    |        |  |                |        |  |
|---|--|--|------|-------|---------|---------------|--------|---|--------------------|--------|--|----------------|--------|--|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)  |  | Standard (filing fee \$100)                          |      |       |         |               |        |   |                    |        |  |                |        |  |
| 1. The name this limited liability company will use in Idaho is:  |  |  |      |       |         |               |        |   |                    |        |  |                |        |  |
| Type of Limited Liability Company   | Foreign Limited Liability Company  |  |      |       |         |               |        |   |                    |        |  |                |        |  |
| Entity name   | Your Papa Johns LLC  |  |      |       |         |               |        |   |                    |        |  |                |        |  |
| 2. Home Jurisdiction  |  |  |      |       |         |               |        |   |                    |        |  |                |        |  |
| The jurisdiction of formation is:   | FLORIDA  |  |      |       |         |               |        |   |                    |        |  |                |        |  |
| 3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:   |  |  |      |       |         |               |        |   |                    |        |  |                |        |  |
| Street Address  | 35510 HWY 27<br>HAINES CITY, FL 33844  |  |      |       |         |               |        |   |                    |        |  |                |        |  |
| 4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  |  |  |      |       |         |               |        |   |                    |        |  |                |        |  |
| Mailing Address   | 35510 HWY 27<br>HAINES CITY, FL 33844  |  |      |       |         |               |        |   |                    |        |  |                |        |  |
| 5. The complete street address of the principal office is:  |  |  |      |       |         |               |        |   |                    |        |  |                |        |  |
| Principal Office Address  | 35510 HWY 27<br>HAINES CITY, FL 33844  |  |      |       |         |               |        |   |                    |        |  |                |        |  |
| 6. The mailing address of the principal office is:  |  |  |      |       |         |               |        |   |                    |        |  |                |        |  |
| Mailing Address   | 125 GAGE BLVD<br>RICHLAND, WA 99352-8901   |  |      |       |         |               |        |   |                    |        |  |                |        |  |
| 7. Registered Agent Name and Address  |  |  |      |       |         |               |        |   |                    |        |  |                |        |  |
| Registered Agent  | Registered Agent<br>MAMIE CARY<br>Physical Address:<br>114 S 5TH AVE B<br>POCATELLO, ID 83201<br>Mailing Address:<br>114 S 5TH AVE # B<br>POCATELLO, ID 83201-5801 |  |      |       |         |               |        |   |                    |        |  |                |        |  |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  |  |  |      |       |         |               |        |   |                    |        |  |                |        |  |
| 8. Governors  |  |  |      |       |         |               |        |   |                    |        |  |                |        |  |
| <table border="1"><thead><tr><th>Name</th><th>Title</th><th>Address</th></tr></thead><tbody><tr><td>PRESTON HOUSE</td><td>MEMBER</td><td>1320 MEDLEY DR<br/>RICHLAND, WA 99352-5514</td></tr><tr><td>DAVID SCHLOTTHAUER</td><td>MEMBER</td><td>5930 WILLOWBEND ST<br/>WEST RICHLAND, WA 99353-6079</td></tr><tr><td>MATTHEW STUDER</td><td>MEMBER</td><td>319 VILLA SORRENTO CIR<br/>HAINES CITY, FL 33844-8301</td></tr></tbody></table> |  |  | Name | Title | Address | PRESTON HOUSE | MEMBER | 1320 MEDLEY DR<br>RICHLAND, WA 99352-5514 | DAVID SCHLOTTHAUER | MEMBER | 5930 WILLOWBEND ST<br>WEST RICHLAND, WA 99353-6079 | MATTHEW STUDER | MEMBER | 319 VILLA SORRENTO CIR<br>HAINES CITY, FL 33844-8301 |
| Name  | Title  | Address  |      |       |         |               |        |   |                    |        |  |                |        |  |
| PRESTON HOUSE   | MEMBER   | 1320 MEDLEY DR<br>RICHLAND, WA 99352-5514            |      |       |         |               |        |   |                    |        |  |                |        |  |
| DAVID SCHLOTTHAUER  | MEMBER   | 5930 WILLOWBEND ST<br>WEST RICHLAND, WA 99353-6079   |      |       |         |               |        |   |                    |        |  |                |        |  |
| MATTHEW STUDER  | MEMBER   | 319 VILLA SORRENTO CIR<br>HAINES CITY, FL 33844-8301 |      |       |         |               |        |   |                    |        |  |                |        |  |
| Signature of individual authorized by the entity to sign:   |  |  |      |       |         |               |        |   |                    |        |  |                |        |  |
| <u>David Schlotthauer</u>   |  | <u>03/01/2021</u>                                    |      |       |         |               |        |   |                    |        |  |                |        |  |
| Sign Here   |  | Date   |      |       |         |               |        |   |                    |        |  |                |        |  |

B0674-4458 03/01/2021 10:36 AM Received by ID Secretary of State Lawrence Denney



Job Title: Member

# *State of Florida*

## *Department of State*

I certify from the records of this office that YOUR PAPA JOHNS LLC is a limited liability company organized under the laws of the State of Florida, filed on December 10, 2020, effective January 1, 2021.

The document number of this limited liability company is L20000386094.

I further certify that said limited liability company has paid all fees due this office through December 31, 2021 and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Seventh day of January, 2021*



*Lawrence Denney*  
Secretary of State

Tracking Number: 3280763505CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>