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16 MOV -- 2 PM 1: LS

MI HARRIS

COVER LETTER

Registration Section

TO:

Divisio	on of Corporation	18				
SUBJECT: _	F Mentor, LLC					
	<u> </u>	Name of	Limited Liability	Company		
The enclosed "A Existence, and o	Application by For check are submitte	eign Limited Liability Comp d to register the above refere	eany for Authoriza	ation to Tra ted liability	nsact Business in Florida," y company to transact busine	Certificate of ess in Florida
Please return al	l correspondence c	concerning this matter to the	following:			
	Ross A. Goldste	ein, Esq.				
		N	ame of Person			
	BF Mentor, LL	C				
Firm/Company						
105 US Highway One						
Address						
North Palm Beach, FL 33408						
		City/S	ate and Zip Code			
	ross@burgerfi.co	m				
		E-mail address: (to be used	for future annua	report not	ification)	
For further infor	rmation concerning	g this matter, please call:				
Corey	Winograd, Manag	er	561	844-55	28	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Divisio Registr P.O. B	in of Corporations ration Section ox 6327 assee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	eck for the following 5.00 Filing Fee	ing amount: \$\Bigsim \frac{1}{2} \text{130.00 Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2016

ROSS A GOLDSTEIN 105 US HIGHWAY ONE NORTH PALM BEACH, FL 33408

SUBJECT: BF MENTOR, LLC Ref. Number: W16000072456

AC MAN -2 PM 1: 45

We have received your document for BF MENTOR, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 916A00022846



APPLICATION BY FÓREIGN 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. BF Mentor, LLC	SEVESS EVITE STATE OF TEORIDA.				
(Name of Fore	ign Limited Liability Company; must in	clude "Limited Lia	bility Company," "L.L.C.," or	"LLC.")	-
	ternate name adopted for the purpose of	transacting busines	s in Florida. The alternate nam	ne must include "Lin	_ nited
Liability Company," "L.L.C,'		e. 1 4 1	un aulaa		
	of which foreign limited liability	3. <u>81 - 4</u>	FEI number, if applicable)		-
company is organized)					
· -	(Date first transacted business in (See sections 605.0904 & 605.090	n Florida, if prior to 5. F.S. to determin	registration.) e penalty liability)	-	
5. 105 US Highway One				_	
North Palm Beach, FL				_	
6. 105 US Highway One	(Street Address of Princ	cipal Office)		-	
North Palm Beach, FL	33408		1.64 1.44	-	
	(Mailing Add	ress)		- 6	4
7. Name and street addres	s of Florida registered agent: (P.O. l	Box NOT accept	table)	₹ 	
Name:	Ross A. Goldstein, Esq.		_	1-2	
Office Address:	105 US Highway One		_	PH	
	North Palm Beach		_ , Florida 33408	- 54:1	
Registered agent's accep	(City)		(Zip code)	5	
Having been named as re designated in this applica to complywith the provision	gistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the pro ny position as registered agent.	nt as registered a	igent and agree to act in thi	is capacity. I furt	her agree
	(Registered	l agent's signature)		_	
0. 71.			•		
Corey Winograd, Manage	city and address of the person(s) wh	o nas/nave autno	rity to manage is/are:		
- Corey Willograd, Manage					

	of existence, no more than 90 days of which it is organized. (If the certifulbmitted) Signature of a	ficate is in a forei	gn language, a translation of		
	Signature of a	an authorized perso	n		
This document is executed	t in accordance with section 605.0203	3 (1) (b), Florida	Statutes, I am aware that any	y false information	1

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Corey Winograd, Manager

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show BF MENTOR, LLC, an Ohio For Profit Limited Liability Company, Registration Number 3948713, was organized within the State of Ohio on October 11, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 31st day of October, A.D. 2016.

Ohio Secretary of State

Validation Number: 201630503004