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## COVER LETTER

Division of Corporation	ons			
SUBJECT:	DUNCISE Ci	Limited Liability Company	LLC	
The enclosed "Application by Fo Existence, and check are submitted	reign Limited Liability Com ed to register the above refer	pany for Authorization to Tr enced foreign limited liabilit	ansact Business in Florida," Certificate of y company to transact business in Florida.	
Please return all correspondence	concerning this matter to the	following:		
	Rocio	ame of Person		
Wished khan, P.L. Firm/Company				
	(2)7 E.	Colonial De	2.	
City/State and Zip Code				
	E-mail address: (to be used	Nishad Wan V	COYO (iffication)	
For further information concerning	ig this matter, please call:			
Rccio F	Scion of Contact Person		time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding reutive Center Circle see, F1, 32301	
Enclosed is a check for the follow	ring amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

## 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: SUNRISE CITY DIYTE LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (It name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC") 3. 83-1880480 (FEI number, if applicable) State of Delaware

Ourisdiction under the law of which foreign limited hability company is organized) (Date first transacted business in Florida, il prior to registration.) (See sections 695-0904 & 605,0905, F.S. to determine penalty liability.) Southampton, NJ &8080 I.M MATORET 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Nishad Khan, P.L. Name: Office Address: 617 E. Colonial Dr. \_\_\_\_\_\_. Florida <u>3</u>2803 Orlando Registered agent's acceptance: Having been named as registered agent and to accept service of profess 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 ugehi. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: MGR Bistreaux Brothers Resiaucants/LLC 207 Village Lane 88080 EIN, NOTOMONHUCE (Use attachments if necessary) 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 (\$\phi 5.0293 \lambda \right) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State conkillars a line degree totally for provided for in 8.817.155, F.S.



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

DELAWARE, DO HEREBY CERTIFY "SUNRISE CITY DIXIE, 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-NINTH DAY OF OCTOBER, A.D. 2018.



Authentication: 203699867

Date: 10-29-18