## M17000009752

(Requestor's Name)								
(Address)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Dodiness Entry (varie)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



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WIEGEN



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 915719 5157078

AUTHORIZATION

ORDER DATE: November 15, 2017

ORDER TIME : 10:55 AM

ORDER NO. : 915719-005

CUSTOMER NO: 5157078

\*\*\*\*\*

## FOREIGN FILINGS

NAME: MP BBQ RESTAURANT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## COVER LETTER

ТО:		istration Section sion of Corporatio	ns								
SUBJE	erer.	MP BBQ Restauran									
GUIGE	sc.,	<del></del>		Limited Liability (	Company						
						insact Business in Florida," Certificate of company to transact business in Florid					
Please	return	all correspondence	concerning this matter to the	following:							
		Robert S. Wen	nett								
		Name of Person									
		UIA Managen	UIA Management, LLC								
		·	Firm/Company								
		1111 Lincoln I	1111 Lincoln Road, Suite #760								
			Address								
		Miami Beach,	Miami Beach, FL 33139								
		<del>.</del>	City/State and Zip Code								
		slopez@uiaman	agement.com								
			E-mail address: (to be used	d for future annual	report not	ification)					
For fur	ther in	formation concernir	ng this matter, please call:								
	Suset Lopez			305							
		Name o	of Contact Person	Area Code	Day	time Telephone Number					
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							
Enclose		check for the follow 125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy					

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPULANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 MP BBQ Restaurant, I	LC						
	Limited Liability Company, must include "L	imited Liability Company," '	"L.L.C.," or "LLC,")				
		<del></del>					
	name adopted for the purpose of transacting business	m Florida. The alternate name mo	er; include "Limited Liei	bility Company," "L.E. C," or "LLC,")			
2. Delaware	high foreign limited liability company is organized)	3	/PEI meni	ber, if applicable)			
Ómisdición matar ne niw o: w	men soveres unsteet trace by company it organized)		(FEI PARTE	вес, и врржовом			
4							
	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to d	ior to registration.) etermine penalty liability)					
5. 1111 Lincoln Road, So	uite 760	6. 1111 Lincoln Road, Suite 760					
(Street Address of a Miami Beach, FL 3311			(Mailing Address) Miami Beach, FL 33139				
Milaini Deach, I L 331.		Within Dec					
	ss of Florida registered agent: (P.O. Corporation Service Company	Box NOT acceptable)					
Name:	Corporation Service Company						
Office Address:	1201 Hays Street						
	Tallahassee	. Flo	orida 32301				
Registered agent's accep	(Crty)	,,,,,,,,,	(Zip cod	i <del>e</del> )			
ипа ассері іле обіідацов.	s of my position as registered agent Corporation Service Company By:	Wanne S	June	Roxanne Turner			
	(Registered ag	ont's signature)		Asst. Vice President			
8. The name, title or capa	ocity and address of the person(s) wh	o has/have authority to	manage is/are:				
Title or Capacity:	Name and Address:	Title or Capa	acity:	Name and Address:			
Manager	UIA Management, LLC						
	1111 Lincoln Road, Suite	760					
	Miami Beach, FL 33139	<del></del>		<del>-                                    </del>			
		<del></del>		2			
	-	<del></del>		<del> </del>			
(Use attachments if neces	sary)						
9. Attached is a certificate	of existence, no more than 90 days of	old, duly authenticated l	by the official ha	iving custody of records in the			
perisdiction under the law of the translator must be so	of which it is organized. (If the certiful identities)	īcate is in a foreign lan	guage, a translati	ion of the certificate under oath			
10. This document is executed in a document to	uted in accordance with section 605.0 the Department of State constitutes	0203 (1) (b), Florida Sta	atutes. I am awar	e that any false information			
	The tropic and tr		provided for in:	3.017.133, 1.3.			
	T. Cian	ature of an authorized person					
	Oig.	or an amorrown persons					
	Robert S. Wennett, Authorized Per	son					



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

DELAWARE, DO HEREBY CERTIFY "MP BBQ RESTAURANT, 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MP BBQ

RESTAURANT, LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203581133

Date: 11-16-17