F21000006049

(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:					

Office Use Only



100374786241

21 0CT 20 PM 2: 05

2021 OCT 20 PM 3: 20

RECTIVED.



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

FROM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 10/20/2021	PRIORITY Regular Approval	OUR REF_#_(Order_ID#)] 961205
ORDER ENTITY		
RIVIERA DINING GROUP INC.		
PLEASE PERFORM THE FOLLOW RIVIERA DINING GROUP INC.		· · · · · · · · · · · · · · · · · · ·
File the attached foreign qualifica	ation document	
NOTES:		
\$70.00 Authorized		L
Email address for annual report rer	minders: debbie.brouse@unisearch.com	{

Please bill the above referenced account for this order.

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, October 20, 2021 Page 1 of I

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Riviera Dining	Group Inc.					
	(Enter name of c	corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"				
	(If name unavail	able in Florida, enter alternate corporate name ade	opted for the purpose of transacting be	usiness in	n Flori	da)	
2.	Delaware	_					
	(State or country under the law of which it is incorporated) (FEI number, if appl			icable)			
4.	10/13/2021	5.					
	(Date	(Date of incorporation) (Date of duration, if other than			al)		
6.					2		
		(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) , F.S., to determine penalty liability)	- :	30	-	
7	800 Lincoln Road	d, Suite 300, Miami Beach, FL 33139			7		
		(Principal office	street address)	- 111 - 111	- ⊃		
-		(Current mailing a	ddress, if different)		2: 06		
8.	Name and street	t address of Florida registered agent: (P.O. E	Box NOT acceptable)				
	Name:	Unisearch, Inc.					
Of	fice Address:	1990 Main Street, Suite 750-709	_				
		Sarasota	. Florida ³⁴²³⁶				
		(City)	(Zip code)				

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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 agent.

Deboral Browse - Assistant Secretary
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

DocuSign Envelope (D: 594F374A-29F7-437E-A8AC-37D41B486F52 A. DIRECTORS

□Chairman	Name:	□ Chairman	Name:					
□Vice Chairman	Address: 800 Lincoln Road, Suite 300	□Vice Chairman	800 Lincoln Road, Suite 300					
Director	Miami Beach, FL 33139	Director	Miami Beach, FL 33139					
President		□President						
□Vice President		□Vice President						
Secretary	☐Treasurer	Secretary	Treasurer					
□Other	Other	Other						
□ Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		□President						
□Vice President		□Vice President						
Secretary	☐Treasurer	□Secretary	☐ Treasurer					
□Other	Other	Other	Other					
□ Chairman	Name:	□ Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
Director		□Director						
□President		President						
□Vice President		□Vice President						
Secretary	☐Treasurer	□Secretary	Treasurer					
□Other	Other	□Other						
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.								
12. AND APERSANS	Signature of Director or	Officer						
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.								
13. Gregory Galy	(Typed or printed name and caracity of person	<u> </u>						

Page 1



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

DELAWARE, DO HEREBY CERTIFY "RIVIERA DINING GROUP INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIVIERA DINING GROUP INC." WAS INCORPORATED ON THE EIGHTH DAY OF MARCH, A.D. 2021.

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

Authentication: 204419564

Date: 10-15-21

5408263 8300 SR# 20213520244