

F2300000469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

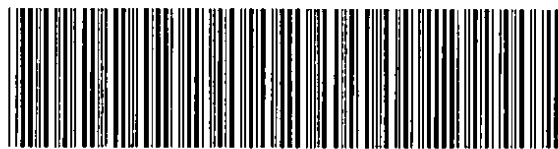
(Document Number)

Certified Copies _____

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07/06/23--01010--006 **70.00

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2023 AUG -7 AM 10:00
STATE
CLERK

W23-99056



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2023

BARBARA SNYDER
1575 PINE RIDGE RD, SUITE 21
NAPLES, FL 34109 US

SUBJECT: BISTRO MD INTERMEDIATE HOLDINGS, INC
Ref. Number: W23000099056

We have received your document for BISTRO MD INTERMEDIATE HOLDINGS, INC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$300.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 523A00016095

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bistro MD Intermediate Holdings, Inc
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

<u>Barbara Snyder</u>
Name of Person
<u>Bistro MD Intermediate Holdings, Inc</u>
Firm/Company
<u>1575 Pine Ridge Rd. Suite 21</u>
Address
<u>Naples FL 34109</u>
City/State and Zip code
<u>barbara@bistromd.com</u>
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

	239	514-0700 ext 204, office
<u>Barbara Snyder</u>	at (<u>239</u>)	<u>280-6778 cell</u>
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
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A. DIRECTORS

☐ Chairman Name: David Benyaminy
1575 Pine Ridge Rd. Suite 21
☐ Vice Chairman Address: Naples FL 34109
☐ Director _____
☒ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Kyce Chihi
1575 Pine Ridge Rd. Suite 21
☐ Vice Chairman Address: Naples FL 34109
☐ Director _____
☐ President _____
☒ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Edward Cederquist
1575 Pine Ridge Rd. Suite 21
☐ Vice Chairman Address: Naples FL 34109
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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. Kyce Chihi
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. Kyce Chihi - Officer
(Typed or printed name and capacity of person signing application)

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BISTRO MD INTERMEDIATE HOLDINGS, 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 SECOND DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BISTRO MD INTERMEDIATE HOLDINGS, INC." WAS INCORPORATED ON THE NINTH DAY OF FEBRUARY, A.D. 2021.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

5041192 8300

SR# 20231475692

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203257341

Date: 05-02-23