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(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	lling Officer:	
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Office Use Only



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C. LEWIS Q 2013

EXAMINER

COVER LETTER

TŐ:

Registration Section
Division of Corporations

SUBJECT: BF Deerfield Beach, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Garcia
Name of Person
BurgerFi International, LLC
Firm/Company
105 U.S. Highway One
Address
North Palm Beach, FL 33408
City/State and Zip Code
barbara@burgerfi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara	Garcia	
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a, 56

344-5528

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

■\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	ability Company is:		
BF Deerfield Beach, LLC			
(Must end with	the words "Limited Liability Comp	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and stre	et address of the principal	office of the Limited Li	ability Company is:
Principal Office Address:	<u>Mai</u>	ling Address:	
105 U.S. Highway One	105 (J.S. Highway One	
North Palm Beach, FL 33408		Palm Beach, FL 33408	
business entity with an active Florid The name and the Florida str BurgerFill		•	FILED 13 APR -8 AM 11: 08 SECRETARY OF STATE SECRETARY OF STATE ALLAHASSEE, FLORIDA
-	Name		美国 第二
105 U.S. F	lighway One		FILED APR -8 MII: 08 RETARY OF STATE LORIDA LAHASSEE, FLORIDA
	Florida street address (P.	O. Box NOT acceptable)	世紀
	North Palm Beach FL	33408	823
	City, State, and	Zip	08 0A
registered agent and agree	place designated in this cer to act in this capacity. If proper and complete perfo	tificate, I hereby accept t urther agree to comply w ormance of my duties, and	he appointment as ith the provisions of I I am familiar with

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member	Name and Address: SECRETARY OF TALLAHASSEE,
MGRM	John Rosatti
· · · · · · · · · · · · · · · · · · ·	
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	•
(Use attachment if necessary)	
•	the date of filing: (OPT
LE V: Effective date, if other than	the date of filing: (OPT ust be specific and cannot be more than five be
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LE V: Effective date, if other than affective date is listed, the date m or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a men constitutes an affirmation un I am aware that any false inficonstitutes a third degree felority.	ber or an authorized representative of a member. 508.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true true to submitted in a document to the Department of Statutes only as provided for in s.817.155, F.S.)