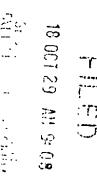
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OCT 3 0 201F T SCHROEP! Fo CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 462416 5156901
AUTHORIZATION :
COST LIMIT: \$ 125.00
ORDER DATE : October 29, 2018
ORDER TIME : 11:31 AM
ORDER NO. : 462416-010
CUSTOMER NO: 5156901
DOMESTIC FILING
NAME: BK 8297, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION  CERTIFICATE OF LIMITED PARTNERSHIP  XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
BK 8297, LLC	
(Must contain the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
c/o Coral Cay Restaurants, LLC	c/o Coral Cay Restaurants, LLC
1040 Biscayne Blvd., Unit 1803	1040 Biscayne Bive., Unit 1803
Miami, FL 33132 Attn: Stuart Friedman	Miami, FL 33132 Attn: Stuart Friedman
ARTICLE III - Registered Agent, Registered Office, & Registere	rd Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered	Agent. You must designate an individual or
another business entity with an active Florida (egistration.)	
The name and the Florida street address of the registered agent are:	
Corporation Service Company	<u> </u>
Name	
1201 Hays Street	
Florida street address (P.O. Box	NOT acceptable)
·	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I jurther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Corporation Service Company

FL

State

Tallahassee

City

Janet Budhu, Asst. Vice President

32301 Zip

(CONTINUED)

Registered Agent's Signature (REQUIRED)

800729 AH 9008

Title: "AMBR" = Aut	horized Member		Name and Address:	
"MGR" = Mana				
AMBR			Coral Cay Restaurants, LLC	
			1040 Biscayne Blvd., Unit 1803 Miami, FL 33132	
			Wildrin, 7 L 33432	
EV: Effective d ctive date is list	ate, if other than		: (OPTIONAL) d cannot be more than five business days prior to or 90	) days 1
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\$ 5.00 Certificate of Status (Optional)