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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : COST LIMIT : \$ 125.00 ORDER DATE: October 29, 2018 ORDER TIME : 11:32 AM ORDER NO. : 462416-015 CUSTOMER NO: 5156901 DOMESTIC FILING NAME: BK 17700, 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

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

1201 Hays Street

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
BK 17700, LLC	
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of th	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
do Coral Cay Restaurants, LLC	c/o Coral Cay Restaurants, LLC
1040 Biscayne Blvd., Unit 1803	1040 Biscayne Blve., Unit 1803
Miami, FL 33132 Attn: Stuart Friedman	Miami, FL 33132 Attn: Stuart Friedman
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are	: :
Corporation Service Compa Name	any
1201 Hays Street	

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. 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 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.

Florida street address (P.O. Box NOT acceptable)

FL

State

Corporation Service Company

Tallahassee

City

Registered Agent's Signature (REQUIRED)

Janet Budhu, Asst. Vice President

32301 Zip

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Coral Cay Restaurants, LLC 1040 Biscayne Blvd., Unit 1803 Miami, FL 33132 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. Coral Cay Restaurants, LLC REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statules. I am aware that any false information submitted in a document to the Department of States? constitutes a third degree felony as provided for in s.817.155, F.S. By: Stuart Friedman, Managing Member Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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