Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000312847 3)))



H220003128473ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856 Fax Number : (800)354-3381

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email     | Address: |  |  |  |
|-----------|----------|--|--|--|
| CIII DILL | Augress: |  |  |  |

## FLORIDA LIMITED LIABILITY CO. **BIG MAC DADDY HOLDINGS LLC**

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

| BIG MAC DADDY HOLDINGS LLC   |                                      |
|--|--------------------------------------|
| (Must contain the words "Limited Liab  | bility Company, "L.L.C.," or "LLC.") |
| ng address and street address of the principal office  Principal Office Address: | Mailing Address                      |
| 2344 CRESTOVER LANE  | 5 BUNKER STREET                      |
| WESLEY CHAPBL, FL 33544  | ROCKY POINT, NY 11778                |
|  |                                      |

INCORPROATING SERVICES, LTD.

Name

1540 GLENWAY =DRIVE

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

TALLAHASSEE PL 32301
City State Zip

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 SEP 12 AM 5: 10

(H22 WO 312 8473)

| <u>Title:</u> "AMBR" = Authorized Member   | Name and Address:  |                          |
|--|--|--------------------------|
| "MGR" = Manager  | ,  |                          |
| MGR  | MALLACK WALSH  |                          |
| <del></del>  | 5 BUNKER STREET  |                          |
|  | ROCKY POINT, NY 11778  | <del></del> .            |
|  |  |                          |
|  |  |                          |
|  |  |                          |
|  |  |                          |
|  |  |                          |
|  |  |                          |
|  |  |                          |
|  |  |                          |
|  |  |                          |
|  |  |                          |
|  |  |                          |
|  |  | _                        |
| (Use attachment if necessary)  | ab offling.  | <del></del>              |
| LE V: Effective date, if other than the diffective date is listed, the date must be of filing.)  If the date inserted in this block does no  | ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to  the meet the applicable statutory filing requirements, this date we set of State's according   | or 90 days               |
| LE V: Effective date, if other than the diffective date is listed, the date must be e of filling.)  If the date inserted in this block does not ument's effective date on the Department.  | specific and cannot be more than five business days prior to<br>at meet the applicable statutory filing requirements, this date w  | or 90 days               |
| LE V: Effective date, if other than the diffective date is listed, the date must be of filling.)   | specific and cannot be more than five business days prior to be meet the applicable statutory filing requirements, this date we ent of State's records.  | or 90 days               |
| LE V: Effective date, if other than the diffective date is listed, the date must be of filling.) If the date inserted in this block does not ument's effective date on the Departme LE VI: Other provisions, if any.   | specific and cannot be more than five business days prior to<br>at meet the applicable statutory filing requirements, this date w  | or 90 days               |
| LE V: Effective date, if other than the diffective date is listed, the date must be of filling.)  If the date inserted in this block does not ument's effective date on the Departme  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  | Accused an authorized representative of a member.  | or 90 days               |
| LE V: Effective date, if other than the diffective date is listed, the date must be of filling.)  If the date inserted in this block does not ument's effective date on the Departme  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exert am aware that any factors.                    | apecific and cannot be more than five business days prior to be meet the applicable statutory filing requirements, this date we ent of State's records.  A arrived O. Kisch  | or 90 days ill not be li |
| LE V: Effective date, if other than the diffective date is listed, the date must be of filling.)  If the date inserted in this block does not ument's effective date on the Departme  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exect I am aware that any faconstitutes a third deg | The precific and cannot be more than five business days prior to be meet the applicable statutory filing requirements, this date went of State's records.  Contact Con | or 90 days ill not be li |
| LE V: Effective date, if other than the diffective date is listed, the date must be of filling.)  If the date inserted in this block does not ument's effective date on the Departme  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is executed and aware that any factors.                | The precific and cannot be more than five business days prior to be meet the applicable statutory filing requirements, this date went of State's records.  Contact Con | or 90 days ill not be li |
| LE V: Effective date, if other than the diffective date is listed, the date must be of filling.)  If the date inserted in this block does not ument's effective date on the Departme  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exect I am aware that any faconstitutes a third deg | The provided for in s.817.155, F.S.  A. KIRSCH   | or 90 days               |

(112 (DE 712 END 3)