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SECRETARY OF STATE (Requestor's Name) (Address) 900060752059 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status Certified Copies _ Special Instructions to Filing Officer:

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COVER LETTER

TO: Registration Section Division of Corporations 2005 OCT 19 P 1:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Doug Brown
(Name of Person)
(Firm/Company)
1562 Park Lane South, Suite 500 (Address)
(Address)
••
Jupiter FL 33458 (City/State and Zip Code)
(City/State and Zip Code)

For further information concerning this matter, please call:

Doug Brown	at (561) 543-5247
(Name of Person)	(Area Code & Daytime Telephone Number)

MAILING ADDRESS: Division of Corporations

STREET ADDRESS: Division of Corporations

Clifton Building

Tallahassee, FL 32314

P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

Enclosed is a check for the	following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee &	\$155.00 Filing Fee &	☐\$160.00 Filing Fee, Certificate
•	Certificate of S	tatus Certified Copy	of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATIO FID TRANSACT BUSINESS IN FLORIDA

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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SECRETARY OF STATE PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE ORIDA UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:
	Backyard Chefs LLC
2.	The name and the Florida street address of the registered agent and office are:
	Doug Brown (Name)
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Palm Beach Gerden 33410
	Service of the Part of Philosophic Control of Service
lid ag re	aving been named as registered agent and to accept service of process for the above stated limited ability company at the place designated in this certificate, I hereby accept the appointment as registered gent and agree to act in this capacity. I further agree to comply with the provisions of all statutes lating to the proper and complete performance of my duties, and I am familiar with and accept the bligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)



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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF SECRETARY OF SECRE UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF OCTOBER, A.D. 2005.



Harriet Smith A Kindson Secretary of State 25981

DATE: 10-14-05