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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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AUG 24 2012

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION 😕

COST LIMIT : \$ 125.00

ORDER DATE: August 23, 2012

ORDER TIME : 12:06 PM

ORDER NO. : 322992-020

CUSTOMER NO: 7498792

FOREIGN FILINGS

NAME: SPOONFUL MANAGEMENT AAA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER:

COVER LETTER

| TO: | Registration Section Division of Corporations |
|-------------|--|
| SUBJEC | ** ** ******************************* |
| | Name of Limited Liability Company |
| | osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida |
| Please re | eturn all correspondence concerning this matter to the following: |
| | Asally Adib-Samadian |
| | Name of Person |
| | SBEEG Holdings, LLC |
| | Firm/Company |
| | Address Los Angeles, CA 90048 City/State and Zip Code AsallyA@sbe.com E-mail address: (to be used for future annual report notification) |
| | Address |
| | Los Angeles, CA 90048 |
| | City/State and Zip Code |
| | AsallyA@sbe.com |
| | E-mail address: (to be used for future annual report notification) |
| For furth | er information concerning this matter, please call: |
| 1 | Asally Adib-Samadian at (323) 330-8045 |
| | Name of Person Area Code & Daytime Telephone Number |
|]]] | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building Z661 Executive Center Circle Tallahassee, FL 32301 |
| | d is a check for the following amount: \$125.00 Filing Fee |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Spoonful Management A.A. LLC | |
|---|------------|
| 1. Spoonful Management AAA, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi Company," "L.L.C," "LLC.") | |
| 2. Delaware 3. 46-0829295 | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | - |
| 4. August 21, 2012 5. Perpetual | |
| (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") | _ |
| 6. August 21, 2012 | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | - |
| 7, 2780 Las Vegas Blvd. South | <u>.</u> |
| Las Vegas, NV 89109 | F126 |
| (Street Address of Principal Office) | 5 — |
| | |
| 9. The name and usual business addresses of the managing members or managers are as follows: | 5 |
| SBE Restaurant Group, LLC - 8000 Beverly Blvd., Los Angeles, CA 90048 | 张 9:51 |
| 485 | • |
| | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recthe jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a | ords in |
| translation of the certificate under oath of the translator must be submitted.) | |
| 11. Nature of business or purposes to be conducted or promoted in Florida: | • |
| Employer of Hyde Lounge American Airline Arena employees. | |
| Chin. | , |
| Signature of a member or an authorized representative of a member. | |
| (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the | |
| penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) | |
| Asally Adib-Samadian | |
| Typed or printed name of signee | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE 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 | of the Limited Liability Co | ompany is: | |
|-----------------|------------------------------|---|-----------|
| Spoonful Mar | nagement AAA, LLC | | |
| If unavailable, | the alternate to be used in | the state of Florida is: | |
| 2. The name a | and the Florida street addre | ess of the registered agent and office ar | |
| | Corporation Service Cor | mpany | F. 20 -11 |
| | | (Name) | |
| | 1201 Hays Street | | 23 |
| | Florida Street | Address (P.O. Box NOT ACCEPTABLE) | |
| | Tallahassee | FL 32301 City/State/Zip | 9:51 |

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 608, Florida Statutes.

Corporation Service Company

By: Stephanie Mlnes Asst. V. P.

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SPOONFUL MANAGEMENT AAA, LLC" IS

DULY FORMED 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 TWENTY-THIRD DAY OF AUGUST, A.D.

2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPOONFUL MANAGEMENT AAA, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF AUGUST, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5201612 8300

120964277

AUTHENTY CATION: 9799882

DATE: 08-23-12

You may verify this certificate online at corp.delaware.gov/authver.shtml