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EXAMINER

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NAME:

BLUEGRASS BURGER GROUP, LLC

TYPE OF FILING: FOREIGN LLC APPLICATION

COST: 125.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Registration Section

Division	of Corporations .				
SUBJECT:	Bluegrass Burger Group, LLC Name of Limited Liability Company				
	Raine of Elithica Elability Company				
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:					
,					
	Brigitte Moran, Paralegal				
•	Name of Person				
Bingham Greenebaum Doll LLP					
	3500 National City Tower, 101 South 5th Street				
•	Address Louisville, Kentucky 40202				
City/State and Zip Code					
sam.worley@insightbb.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
roi futtiei illion	nation concerning this matter, pieuse can.				
Brigitt	te Moran, Paralegal at (502) 588-4025				
<u> </u>	Name of Person Area Code & Daytime Telephone Number				
MAII I	NG ADDRESS: STREET ADDRESS:				
	of Corporations Division of Corporations				
	tion Section Registration Section				
P.O. Bo: Tallahas	x 6327 Clifton Building see, FL 32314 2661 Executive Center Circle				
	Tallahassee, FL 32301				
Enclosed is a check for the following amount: [\$125.00 Filing Fee \$ \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate]					
Certificate of Status Certified Copy of Status & Certified Copy					

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

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

1 Bluegrass Burger Group, LLC

l.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")	_
CO	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab ompany," "L.L.C," "LLC.")	
2.	Kentucky 3.	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	-
4.	October 12, 2012 5. Perpetual	
	(Date of Organization) (Duration: Year limited liability company will sease to exist or "perpetual")	-
6.		_
	(Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability)	~!3
7.	657 Blnnacle Drive	APPENDED 16
	Naples, Florida 34103	
	(Street Address of Principal Office)	
8.	If limited liability company is a manager-managed company, check here	F S
9.	The name and usual business addresses of the managing members or managers are as follows:	9: 45
	Sam Worley, 657 Binnacle Drive, Naples, Florida 34103	ु हैं। क
		-
	. Attached is an original certificate of existence, no roose than 90 days old, duly authenticated by the official having custody of re-	cords in
	e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under eath of the translator must be submitted.)	
11	. Nature of business or purposes to be conducted or promoted in Florida:	-
	To own and operate a BurgerFi franchise.	_ .
	Sam Worth	
	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.)	
	Sam Worley	

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 the Limited Liability Co	ompany is:	
Bluegrass Burger Group, L	LC	
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street address	ess of the registered agent and office are:	
Sam Worley		
	(Name)	6 6
657 Binnacle Drive	э	
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	i i i
Naples	FL 34103	5
· -	City/Stute/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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 131378

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

BLUEGRASS BURGER GROUP, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is October 12, 2012 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by:KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 16th day of October, 2012, in the 221st year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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