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(Re	equestor's Name)	,
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(0)		40
(Cit	ty/State/Zip/Phone	<del>?</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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ACCOUNT NO. : I2000000195 REFERENCE: 700796 7211086 AUTHORIZATION : COST LIMIT : ORDER DATE: June 24, 2013 ORDER TIME : 2:17 PM ORDER NO. : 700796-020 CUSTOMER NO: 7211086 FOREIGN FILINGS NAME: BRIAD RESTAURANT MANAGEMENT, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

#### 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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	,		
1. Briad Restaurant Management, LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.	L.C.," or "LLC.")	<del></del>	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida at consent of the managers or managing members adopting the alternate name. The alternate name must in Company," "L.L.C.," "LLC.")	nd attach a copy o nclude "Limited I	f the writter Liability	
2. Nevada 3. 27-2465666			
(Jurisdiction under the law of which foreign limited liability (FEI number, if apple company is organized)	icable)		
4. October 2, 2009 5. Perpetual			
(Date of Organization) (Duration: Year limited liability of exist or "perpetual")	(Duration: Year limited liability company will cease to		
6. N/A			
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		<del></del>	
7. 78 Okner Parkway			
Livingston, NJ 07039	Ç. A.		
(Street Address of Principal Office)	Eğ	- 급 - 25 · ***	
8. If limited liability company is a manager-managed company, check here	AHASS	#U6 -9	
9. The name and usual/business addresses of the managing members or managers are	as follows:	4	
BRADFORD HONIGGELD, MANTIGING MEMBER	n The		
18 OKNER PARKWAY	ATE RIDA	9	
LIVINGSTON, NJ 07039			
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officithe jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is 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: restauran	t management		
$\mathcal{M}$			
Signature of a member or an authorized representative of a mer			
(In accordance with section 608,408(3), F.S., the execution of this document constitutes an affir penalties of perjury that the facts stated herein are true. I am aware that any false information			
document to the Department of State constitutes a third degree felony as provided for		.)	
Bradford Honigfeld			

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 (	Company is:		
Briad Restaur	ant Management, LLC			
lf unavailable	, the alternate to be used	in the state of Florida is:		
2. The name a	and the Florida street add	lress of the registered agent and office are	é:	
	Corporation Service C	ompany		
		(Name)	ages.	
	1201 Hays Street		*** <del>d</del> .	
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	- LARE OF THE STATE OF THE STAT	
	Tallahassee	FL 32301	-9 1000	
Having been named as registered agent and to accept service of process for the above stated in this certificate, I hereby accept the appointment are registered agent and agree to act in this capacity. I further ugree 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,  Sue G. Knight Assistant Vice President				

\$ 100.00 Filing Fee for Application

\$ 25.00

\$ 30.00

Designation of Registered Agent

Certified Copy (optional)

5.00 Certificate of Status (optional)

#### **COVER LETTER**

TO:

Registration Section Division of Corporations



			A direct to \$ fe
SUBJECT:	Briad Restaurant Managemen	nt, LLC	
SOUDET.	]	Name of Limited Liability Company	_
The enclosed Existence, and	"Application by Foreign Limited L d check are submitted to register th	ciability Company for Authorization to Transact Busines e above referenced foreign limited liability company to t	s in Florida," Certificate of transact business in Florida
Please return	all correspondence concerning this	matter to the following:	
	Tiffany Sebeth		
		Name of Person	
	Briad Restaurant Manager	ment, LLC.	
		Firm/Company	
	78 Okner Parkway		
		Address	4
			<b>f</b> ja⊶
	Livingston, NJ 07039		ACC II
		City/State and Zip Code	
	tsebeth@briad.com		ASS.
	E-mail address	s: (to be used for future annual report notification)	
For further in	formation concerning this matter, p	please call:	55 7 5
Tiffa	any Sebeth	at (973 ) 597-6433 x1178	97 RIDA
	Name of Person	Area Code & Daytime Telephone Number	
	LING ADDRESS:	STREET ADDRESS:	
	sion of Corporations stration Section	Division of Corporations Registration Section	
-	Box 6327	Clifton Building	
	thassee, FL 32314	2661 Executive Center Circle	
,		Tallahassee, FL 32301	
	a check for the following am .00 Filing Fee \$\int\$\$\$\$130.00 Filing		Fee, Certificate
	Certificate of		



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BRIAD RESTAURANT MANAGEMENT**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 2, 2009, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20130624-3336
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereund set my hand and affixed the Great Seal of State, at my office on June 24, 2013.

ROSS MILLER Secretary of State