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	PICK UP	: 2-6-14
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	РНОТОСОРУ	
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प्र	FILING _	Foreign LLC
1.	MM SOUTH BEACH	LLC IT#)
2.	(CORPORATE NAME AND DOCUMEN	T`#)
3.	(CORPORATE NAME AND DOCUMEN'	T' #A
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SPECIA	L INSTRUCTIONS:	
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COVER LETTER

Divisio	on of Corporations	i					
SUBJECT:	MM South Bea	ch LLC					
_		Name	of Limited Liab	ility Company			
The enclosed "A Existence, and o	Application by Fore theck are submitted	ign Limited Liabil to register the abo	ty Company (ve referenced	for Authorization foreign limited l	to Transi iability c	act Business in Flor ompany to transact t	ida," Certificate of ousiness in Florida
Please return all	correspondence co	ncerning this matt	er to the follo	wing:			
	(Ms.) Chial	i Takada					
			Name of	Person			
	MM Manag	ement LLC					
			Firm/Co	mpany			
	110 West 4	Oth Street, Suite 1	08				
			Addı	ess			
	New York,	NY 10018					<u></u>
			City/State an	d Zip Code			
	chiaki@mor	imotorestaurants.c	om				
•		E-mail address: (to	be used for fu	ture annual report	notificatio	m)	
For further infor	mation concerning	his matter, please	call:				
(Ms.) Chiaki Takad		at (374-4		···
	Name of (Contact Person		Area Code	Daytin	ie Telephone Number	
Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section bx 6327 ssee, FL 32314		STREET AD Division of C Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations lection ng re Center Circle			
	check for the fol .00 Filing Fee [lowing amount 3 \$130.00 Filing E Certificate of St	cck 🔼	155.00 Filing Fe Certified Copy	e& C	3 \$160.00 Filing Fed of Status & Certif	

TO:

Registration Section

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

	I COMPLIANCE WITH SECTION 60 OREIGN LIMITED LIABILITY COMI						ISTER A
1	MM South Beach LLC						
•••	(Name of Foreign Limited Linb	lity Company; must in	clude "Limit	d Liability Compar	ıy," "L.L.C.," or "	LLC.")	-
	name unavailable, enter alternate name addibility Company," "L.L.C," or "LLC.")	pted for the purpose of	f transacting	nusiness in Florida.	The alternate nam	e must include "Li	mited
2.	Delaware		3. 3	5-2471858			
7.	Jurisdiction under the law of which foreign company is organized)	limited liability		(FEI no	umber, if applicable	le)	_ _
4.	Upon filing					SE	7014
	(Date fi (See section	st transacted business ns 605.0904 & 605.090	in Florida, if 05, F.S. to de	prior to registration termine penalty liab	.) ility)	LAT	FEB
5.	160 Greentree Drive, Suite 101	, Dover, Delaware I	9904			TAF	_ <u>i</u> _ [
						335 17 0	
	***************************************	(Street Addre	ess of Princip	al Office)		一声の	- 圣
6	c/o MM Management LLC, 110	West 40th Street, St	uite 1108, N	ew York, NY 100)18	SH	_ %
						DM A	S)
		(Mai	iling Address)			
7.	The name, title or capacity and	address of the pe	rson(s) w	no has/have au	thority to man	nage is/are:	
	, ,	agement LLC, 110 V			-		
							_
(M	r.) Masaharu Morimoto, Managing Mo	mber - MM Manag	gement LLC	, 110 West 40th S	Street, Suite 1108	3, NY, NY 10018	-
hav acc mu	Attached is an original certificate ving custody of records in the just ceptable. If the certificate is in a list be submitted) Liccordance with section 605.0203, F.S., the executive that any false information submitted in a converse that a converse	Signature of ution of this document co	he law of a translate an author constitutes an af	which it is orga ion of the certi ized person	anized. (A phoficate under o	otocopy is not that the tran	ein are true 1
	Richard	A. Horodeck					
		Typed or printe	ed name o	f signee			

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

MM S	outh Beach LLC			
If unavailat	ble, the alternate to be used	d in the state of Florida is:		
2. The nam	ne and the Florida street ac	ddress of the registered agent and office are:		
	NRAI Services, Inc.		2014 SE TAL	
		(Name)	2014 FEB SECRET TALLAH	7
	1200 South Pine Island I	Road	SS +	
	Florida St	reet Address (P.O. Box NOT ACCEPTABLE)	AN IO: 25 FEE. FLORID	
	Plantation	FL 33324	COR STA	
		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, Florida Statutes.

NRAI Services, Inc. By:	~ ~		
	(Signature)	JUMNE CASWELL	Asst. Sour

\$ 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 "MM SOUTH BEACH 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 SIXTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MM SOUTH BEACH LLC" WAS FORMED ON THE EIGHTH DAY OF MARCH, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

5299818 8300

140140488

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 1115561

DATE: 02-06-14

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