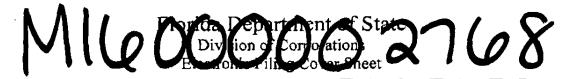
Division of Corporations

Page 1 of 2



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To:	Division of Corporations	THASSI	# #
From:	Fax Number : (850)617-6383	OF S	₹ 8
- '	Account Name : TRIAD PROFESSIONAL SERVICE Account Number : 120160000008 Phone : (850)777-2091		<u>=</u>

; (770)220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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STORE OF PM 1: 36

Foreign Limited Liability Company BWB Restaurant Fund No. 1 GP, LLC

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COVER LETTER

TO: Registration Section Division of Corporation	N\$				
BWB RESTAURASUBJECT:	NT FUND NO. I GP, LLC				
	Name of	Limited Liability	Сотрапу		
The enclosed "Application by For Existence, and check are submitte	reign Limited Liability Comp ed to register the above refere	eny for Authoriza enced foreign limi	ition to Tr ted liabilit	ansact Business in Florida," y company to transact busin	Certificate of ess in Florida.
Please return all correspondence of	concerning this matter to the	following:			
Sharon K. Gray	,				
	Ne	ame of Person	····		
Triad Professio	nal Services.				
 	FI	пп/Сотрапу			
1720 Windward	d Cancourse, Ste. 390				
- The state of the		Address			
Alpharetta, GA	30005				
	City/Si	ate and Zip Code		"	
jbaden@triadpro	s.com				
	E-mall address: (to be used	for future annual	report no	ification)	
For further information concerning	g this matter, please call:				
Sheron K. Gray		770 _ at (777-20	91	
Name o	Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations			STREET	ADDRESS:	
Registration Section				of Corporations ion Section	
P.O. Box 6327 Tallahassee, FL 32314			Clifton B 2661 Exe		
Enclosed is a check for the followi					
El \$125.00 Filling Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155,00 Filin Certified Copy	g Fce &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy	

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

IN COMPLENCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSACTIRE INVEST. NYTHE STATE OF FLORIDA.

l.	FUND NO. 1 GP, LLC sign Limited Liability Company; must	Include "Limited Liability Company," "L.L.C.," or	-1.LC.")	<u></u>	
(If name unavailable, onter a	ternate name adapted for the numose	of transacting business in Florida. The alternate na	me must inclu	ode "Lim	ited
Liability Company," "L.L.C,"		•			
2. Delawere		3. N/A			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, If applicable)		
4. Upon Qualification					
	(Date first transacted business	in Florida, if prior to registration.) 905, F.S. to determine penalty liability)	_		
5. 1450 SW 10th Street, 1			_		
Delray Beach, FL 33444					
	(Street Address of Pr	incipal Office)	<u>- EQ</u>	يات رن	en a completa
6, 1450 SW 10th Street, E	Bldg. B, Suite 2			20 25	Ē,
Delray Beach, FL 334	44			1	Entrance on Entrancement
Bellay Beach, 10 001	(Mailing Ac	idrexs)	- 192	.ş.	miogistę
7 Name and steam address	s of Florida registered agent: (P.O	Boy NOT secentable)	<u></u> 그유		3 1 5
7, 14ame and <u>attest applies</u>	NRAI Services, Inc.	. Dox 1301 acceptable)		ċċ	
Name:			FLORID	,£	
Office Address:	1200 South Pine Island Road	_ 	\$ C		
	Plantation	, Florida 33324	_		
Registered agent's necep	(City)	(Zip code)	_		
designated in this applica- to complywith the provisi	tion, I hereby accept the appointnoons of all statutes relative to the purposition as registered agent.	ce of process for the above stated limited liab tent at registered agent and agree to act in th roper and complete performance of my dutie ed agent's signature)	is capacity.	I furth	er agree
	(Register	ed agent's signature)	-		
P. The users title or ensur		vho has/have authority to manage is/are:			
•	r, 2851 John Street, Suite One, Ma	- · · · · · · · · · · · · · · · · · · ·			
Michael Welch, Manager,	1450 SW 10th Street, Bldg. B, Su	ite 2, Deiray Beach, FL 33444			
9. Attached is a certificate jurisdiction under the law of the translator must be st	of which it is organized. (If the cerubmitted)	old, duly authenticated by the official having Micose is in a foreign language, a translation of fan authorized person	custody of a	records :ate und	in the er oath
This document is executed submitted in a document to	the Department of State constitute	03 (1) (b), Florida Statutes. I am aware that an is a third degree felony as provided for in s.817	y false infon /.155, F.S.	mation	
	Robert S. Green, Authorized Pers		_		
	Tuned or nel	nieri nome af cinnee			

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BWB RESTAURANT FUND NO. 1 GP, 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 FOURTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BWB RESTAURANT FUND NO. 1 GP, LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5846574 8300 SR# 20162053718

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

Joffrey W. Budlack, Secretary of State

Authentication: 202088322

Date: 04-04-16