M16000004479

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000135480 3)))

H160001354803ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

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

Email Address:

FILED
16 JUN -3 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUN -3 AM 10:03
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
LFP SARA 2, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$125.00

Electronic Filing Menu Corporate Filing Menu Help

JUN 06 2016
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LFP SARA 2, LLC
Name of Limited Liability 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:

SOPHIA STRATTON
Name of Person

LFP RESTAURANT MANAGEMENT, LLC
Firm/Company

444 N. MICHIGAN AVE., SUITE 3500
Address

CHICAGO, IL 60611
City/State and Zip Code

ACCOUNTING@LEVYFAMILYPARTNERS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARINEL CAHIEL at (312) 267-4183
Name of Contact Person *Area Code* *Daytime Telephone Number*

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:
☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy ☒ $160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LFP SARA 2, 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. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 61-1681743
(FEI number, if applicable)

4. UPON APPLICATION APPROVAL
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 444 N. MICHIGAN AVE., SUITE 3500
CHICAGO, IL 60611
(Street Address of Principal Office)

6. 444 N. MICHIGAN AVE., SUITE 3500
CHICAGO, IL 60611
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:
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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc. Terence Hardley Asst. Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

ADAM CUMMIS, MANAGER 444 N. Michigan Ave, Ste 3500 Chicago, IL 60611

STEVEN FLORSHEIM, MANAGER 444 N. Michigan Ave, Ste 3500 Chicago, IL 60611

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Sophia Stratton
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

SOPHIA STRATTON, AS TREASURER OF LFP RESTAURANT MANAGEMENT, LLC
Typed or printed name of signee: AS MANAGER OF LFP SARA 2, LLC

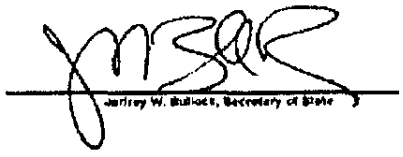
16 JUN 6 PM 2:55
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LFP SARA 2, 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 MAY, A.D. 2016.

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



5139175 8300

SR# 20163610356

Authentication: 202368340

Date: 05-23-16

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