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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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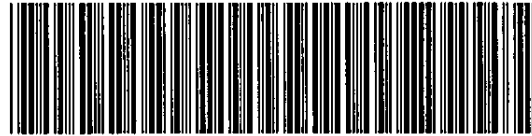
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 22



NATURAL BURGERS • FRIES • DOGS • CUSTARD • CRAFT BEERS • WINE

July 19, 2016

Via UPS

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

RE: Application to Transact Business in Florida

Dear Sir or Madam:

Enclosed you will find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for BF Commack, LLC. Also enclosed is the State of New York Department of State Certificate of Existence, along with the \$130.00 filing fee made payable to Division of Corporations.

Upon processing, please mail original documents to 105 US Highway 1, North Palm Beach, FL 33408 or via e-mail to Kathy@burgerfi.com. Should you have questions or require additional information, please contact me at (561) 844-5528.

Your assistance is greatly appreciated.

Sincerely,

Kathy Wilton
Manager

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BF COMMACK, 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:

ROSS A. GOLDSTEIN, ESQ
Name of Person

BF COMMACK, LLC
Firm/Company

105 US HWY 1
Address

NORTH PALM BEACH, FL 33408
City/State and Zip Code

ross@burgerfi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COREY WINDGRAD at (561) 844-5528
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. BF COMMACK, 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. NEW YORK 3. 47-5655911
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 105 US HIGHWAY 1
NORTH PALM BEACH, FL 33408
(Street Address of Principal Office)

6. SAME

(Mailing Address)

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

Name: ROSS A. GOLDSTEIN, ESQ.

Office Address: 105 US HIGHWAY ONE
NORTH PALM BEACH, Florida 33408
(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.

[Signature]
(Registered agent's signature)

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

COREY WINOGRAD, MANAGER

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)

[Signature]
Signature of an authorized person

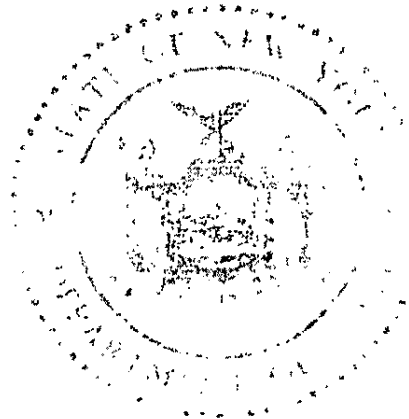
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

COREY WINOGRAD
Typed or printed name of signee

FILED
2016 JUL 21 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that BF COMMACK, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/23/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.



FILED
2016 JUL 21 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 14th day of June two
thousand and sixteen.*

Anthony Scardino

Executive Deputy Secretary of State