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TO:

Registration Section

T:	ESTAURANT I LLC	Climited Liebility Common		
	Name o	f Limited Liability Compa	ny	
			Transact Business in Florida," Certifulity company to transact business in	
urn all correspo	ndence concerning this matter to th	ne following:		
Michel	le Austin Pamies, Esq.		,	
		Name of Person		
Austin	Pamies Norris Weeks LLC			
	Firm/Company			
401 N	V 7th Avenue			
		Address		
Fort La	uderdale, FL 33311			
	City	State and Zip Code		
maustin	@apnwlaw.com			
	E-mail address: (to be us	sed for future annual report	notification)	
er information c	oncerning this matter, please call:			
Michelle Austir	Pamies	954 768 at ()	-9770	
	Name of Contact Person		Daytime Telephone Number	
MAILING AD Division of Cor Registration Sec P.O. Box 6327 Fallahassee, FL	porations tion	Divis Regis Clifto 2661	ion of Corporations tration Section Building Executive Center Circle hassee, FL 32301	
is a check for that \$125.00 Filir	ne following amount: g Fee \$130.00 Filing Fee &	☐ \$155.00 Filing Fee	& □ \$160.00 Filing Fee, Certifica	

'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

٠,	USINESS INTHE STATE OF FLORIDA:	SODMITIES TO NES	ISI EN A I ON	GON LIMITED ENDING
1. PEARLS RESTAURA				- W
(Name of For	eign Limited Liability Company; must include "Limited Li	lability Company," "L.f	J.C.," or "LLC	J.")
Liability Company," "L.L.C,	•		nate name mu	ust include "Limited
2. NEW YORK	3. 81-3178582			
(Jurisdiction under the law company is organized) N/A	of which foreign limited liability	(FEI number, if ap	plicable)	"
4.	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determine	to registration.) ne penalty liability)	And the second s	autima)
	D ROAD, OYSTER BAY, NEW YORK 11771			。 在人口的HEPPINI
6	(Street Address of Principal Office)	_		
SAME			10.15 41.5)) 2
	(Mailing Address)		Dm ,	Ě
7. Name and street address	ss of Florida registered agent: (P.O. Box <u>NOT</u> accep	otable)		
Name:	MICHELLE AUSTIN PAMIES, ESQ.			
Office Address:	401 NW 7TH AVENUE	_		
	FORT LAUDERDALE, FL	, Florida <u>33311</u>		
	(City)	(Zip c	ode)	
designated in this applica to complywith the provision	registered agent and to accept service of process for the state of process for the state of the proper and completed one of all statutes relative to the proper and completed position as registered agent. Registered agent's signature	agent and agree to a te performance of my MmcLs	ct in this cap	pacity. I further agree
8. The name, title or capa	acity and address of the person(s) who has/have autho	rity to manage is/are	:	
Lane Lehrhoff, 326 Centre	e Island Road, Oyster Bay, New York 11771		······································	
	of existence, no more than 90 days old, duly authenti of which it is organized. (If the certificate is in a forei abmitted)			
	Signature of an authorized person	on Tamus		

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.

State of New York Department of State } ss:

I hereby certify, that PEARL'S RESTAURANT I, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/20/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 18th day of July two thousand and sixteen.

Anthony Giardina

Executive Deputy Secretary of State

Outing Sicidina

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