M160000005954

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| | ☐ WAIT | _ |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

Registration Section

| Divis | sion of Corporation | ns | | | | |
|--------------------------------|---|---|--|--|--|----------------------------------|
| | Tzadik Eagle Oaks | LLC | | | | |
| SUBJECT: _ | | Name of | Limited Liability | Company | | |
| The enclosed Existence, and | "Application by For | reign Limited Liability Comp d to register the above refer | pany for Authoriza enced foreign limi | ntion to Tra ted liabilit | ansact Business in Florida," o | Certificate of ess in Florida |
| Please return : | all correspondence | concerning this matter to the | following: | | | |
| | James Halperin | ı | | | | |
| | | N | ame of Person | | | |
| | BRFC LLC | | | | | |
| | | F | irm/Company | | | |
| | 6237 San Mich | el Way | | | | |
| | | | Address | | | |
| | Delray Beach, | FL 33161 | | | | |
| | | City/S | tate and Zip Code | | | |
| | vettesfi@comcas | it.net | | | | |
| | | E-mail address: (to be used | d for future annual | report no | tification) | |
| For further inf | formation concernin | g this matter, please call: | | | | |
| Jame | es Halperin | | 561 at (| 495-07 | 38 | |
| | Name o | of Contact Person | Area Code | Day | time Telephone Number | |
| Divis Regis P.O. | ILING ADDRESS: sion of Corporations stration Section Box 6327 thassee, FL 32314 | | | Division Registrat Clifton B 2661 Exc | of Corporations ion Section suilding coutive Center Circle see, FL 32301 | · |
| | check for the follow 25.00 Filing Fee | ing amount: \$\infty\$ \$\frac{1}{2}\$\$ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filit Certified Copy | ng Fee & | ■ \$160.00 Filing Fee, Cer of Status & Certified Copy | |

IN FLORIDA

| IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE | FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMIT. | ED LIABILITY |
|--|---|--------------|
| COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | • | • |

| | eign Limited Liability Cor | mpany; must include "Limit | ed Liability Company," "L.L. | C.," or "LL | C.") | | |
|--|---|---|---|-------------|---------------------|-------------|-------|
| Liability Company," "L.L.C," | ternate name adopted for " or "LLC.") | the purpose of transacting b | ousiness in Florida. The alterna | ate name m | ust inclu | de "Limite | :d |
| Delaware 2. | | 3 | | | • | | |
| (Jurisdiction under the law | of which foreign limited | liability | (FEI number, if appl | icable) | | | |
| company is organized) July 25, 2016 | • | | | | | | |
| 4. | (Data first transa | cted business in Florida, if i | orion to registration | <u> </u> | | | |
| 11098 Biscayne Blvd., | (See sections 605.0) | 904 & 605.0905, F.S. to de | termine penalty liability) | | | | |
| Miami, FL 33161 | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | Address of Principal Office) | | | | | |
| 6. 11098 Biscayne Blvd., | | | • | 9 | PL 49 | | |
| Miami, FL 33161 | | | | | 12.00 12.00 1 | et sirilari | |
| | | (Mailing Address) | | | == | ****** | |
| 7. Name and street address | s of Florida registered a | agent: (P.O. Box NOT | (ccentable) | × 22 | 25 | | |
| | Alex Arguelles | -Barre (1101 - are 1101 - | · · | | ס | | |
| Name: | | | | 25 | | D | |
| Office Address: | 11098 Biscayne Blvd. | ., Suite 203 | | DRII | : 0 | | |
| | Miami | | 33161 | A- | = | | ٠ |
| | | (City) | , Florida(Zip coo | 10) | | | ٠. |
| Registered agent's accept | tance: | (City) | (Zip coc | ic) | | | أسسر |
| designated in this applicat | tion, I hereby accept th ons of all statutes relati | te appointment as registe tive to the proper and con and agent. | for the above stated limited tred agent and agree to act aplete performance of my | in this ca | pacity. | I further | agree |
| | | (Registered agent's sign | ature) | | | | |
| | | person(s) who has/have a | outhority to manage is/are: | | | | |
| | | | | | | | |
| 8. The name, title or capaci Adam M. Hendry - Hgr | | - | | | | | |
| | | | | | | | |
| | | | | | | | |
| Adam M. Hendry - Hgr | of existence, no more the | | henticated by the official ha | | | | |
| 9. Attached is a certificate of | of existence, no more the | | | | | | |
| Adam M. Hendry - Hgr | of existence, no more the of which it is organized be obtained. | . (If the certificate is in a | foreign language, a translat | | | | |
| Adam M. Hendry - Hgr | of existence, no more the of which it is organized be obtained. | | foreign language, a translat | | | | |

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TZADIK EAGLE CAKS 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-FIRST DAY OF JULY, A.D. 2016.

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

Authentication: 202695616

Date: 07-21-16