# M160000079210

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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Office Use Only



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### **COVER LETTER**

TO:

| го:      | Registration Section Division of Corporation   |  |  |   |
|----------|--|--|--|---|
| SUBJE    | CT: FIRE ROA   | ASTEO BISTRO,<br>Name of                                   | LLC<br>Limited Liability Company                         |   |
|          |  |  |  | unsact Business in Florida," Certificate of company to transact business in Florida |
| Please r | return all correspondence  | concerning this matter to the                              | following:   |   |
|          |  | DANIEL W. 60   | ame of Person  |   |
|          |  |  | GISTIZO, LLC   |   |
|          |  | Fi   | irm/Company  |   |
|          |  | 311 s. Jh M.   | Street<br>Address  |   |
|          |  | LAKE WORTH, F  | CL 33460   |   |
|          |  |  |  |   |
|          | <u>daniel</u>  | E-mail address: (to be used                                | PB, Lo.~<br>d for future annual report not               | ification)  |
| For furt | her information concerni   | ng this matter, please call:                               |  |   |
|          | Daniel Golma<br>Name   | of Contact Person  | at ( 56) 371<br>Area Code Day                            | -3522_  |
|          | MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 | <u>:</u>   | STREET<br>Division<br>Registrat<br>Clifton B<br>2661 Exe | CADDRESS: of Corporations ion Section   |
| Enclose  | sd is a check for the follow<br>\$125.00 Filing Fee  | ving amount: ☐ \$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. FIRE ROASTED BISTRO LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I  | 1 C ")   |                  |              |
|--|----------|------------------|--------------|
| FIRE REASTED BISTO FL, LLC   | LC. ,    |                  |              |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C," or "LLC.")  | must inc | clude "          | Limited      |
| 2. OREGON (Jurisdiction under the law of which foreign limited liability company is organized)  3. 81-3802071 (FEI number, if applicable)  |          |                  |              |
| 4. N/A   |          |                  |              |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)   |          |                  |              |
| 5. 340 MARCHE CHASE OR. # 160  |          |                  |              |
| EUGENE, OR 9740) (Street Address of Principal Office)  |          | 16               |              |
| 6. 311 South M STREET  |          | 00               |              |
| LAKE WORTH FL 33460 (Mailing Address)  |          | 16 OCT -3 AH 10: | FLED         |
| · · · · · · · · · · · · · · · · ·  |          | 5                | $\supset$    |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  |          | ö                |              |
| Name: Daniel Gorman  | J.       | S                |              |
| Office Address: 9380 155 the Lawe South  Delray Beach, Florida 33446  (City) (Zip code)  |          |                  |              |
| DelRay Beach , Florida 33446   |          |                  |              |
| (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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent.  (Registered agent's signature) | capacit  | y. If            | urther agree |
| (Registered agent's signature)   |          |                  |              |
| 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:   |          |                  |              |
| John Todd Myer, MGR, 481 Thatch Palm Dr., BOCA RATON, FC 33432   |          |                  |              |
| Jilliam Juseph Fisher, MGR, 340 Marche chase Or #160, Eugene, OR 97  | 40)      |                  |              |
| I Enterprises, LLC, MGR, 311 South M Street, LAKE WORTH, FI  | 3346     | 0                |              |
| 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cu jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of to of the translator must be submitted)  | istody c | of reco          |              |
| Signature of an authorized person  |          |                  |              |
| Signature of an authorized person  |          |                  |              |
| This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1   |          |                  | ion          |

Typed or printed name of signee

# State of Oregon

OFFICE OF THE SECRETARY OF STATE

Corporation Division

## Certificate of Existence 217J334M9

I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

#### FIRE ROASTED BISTRO LLC

is

### Organized

under the laws of The State of Oregon

16 OCT -3 AMIO: 15

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Wherecf, I have hereunto set my hand and ciffixed hereto the Seal of the State of Oregon.

Jeanne P. atkins

JEANNE P. ATKINS, SECRETARY OF STATE

9/13/2016