

Division of Corporations

Page 1 of 2

Florida Department of
Division of Corporations
Electronic Filing System

M160002881093

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.

(((H16000288109 3)))



H160002881093ABC2

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 : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888) 491-1120
Fax Number : (954) 343-6962

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

Email Address: licensing@sbe.com

Foreign Limited Liability Company
SBE RESTAURANT GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

D. BRUCE
NOV 28 2016

3rd request

Please file ASAP. Thank

you!!

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Server

11/28/2016 7:45:59 AM PAGE 3/006 Fax Server

050-617-6381

11/23/2016 8:32:27 AM PAGE 1/001 Fax Server



November 23, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GREENSPOON MARDER, P.A.

SUBJECT: SBE RESTAURANT GROUP, LLC
REF: W16000078768

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II
Registration Section

FAX Aud. #: H16000288109
Letter Number: 916A00025117

2016 NOV 23 P 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DO NOT IMAGE
3rd request. Please file ASAP.
Thank you.

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SBE Restaurant Group, 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:

Ellen Gilmore, Esq.

Name of Person

Greenspoon Marder, P.A.

Firm/Company

200 E. Broward Blvd., Suite 1800

Address

Fort Lauderdale, Florida 33301

City/State and Zip Code

licensing@sbc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellen Gilmore

954

491-1120

at ()

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 NOV 23 P 12:01

FILED

**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. SBE Restaurant Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Nevada
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(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. 3900 Paradise Road, Suite 260, Las Vegas, NV 89169
(Street Address of Principal Office)
6. _____
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: Greenspoon Marder, P.A.
 Office Address: 200 E. Broward Blvd., Suite 1800
Fort Lauderdale, Florida, Florida 33301
 (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:

SHEEG Holdings, LLC, 3900 Paradise Road, Suite 260, Las Vegas, NV 89169 - Manager

Sam Nazarian, 3900 Paradise Road, Suite 260, Las Vegas, NV 89169 - CEO

Richard Acosta, 3900 Paradise Road, Suite 260, Las Vegas, NV 89169 - CFO

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.

Ellen Gilmore

Typed or printed name of signee

FILED
 2016 NOV 23 P 12:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

SECRETARY OF STATE

CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SBE RESTAURANT GROUP, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 21, 2012, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 21, 2016.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C2C161121-1576
You may verify this electronic certificate
online at <http://www.nvsos.gov/>