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APR 25 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2018

TIGRAN GAREGINYAN 1504 BAY RD UNIT 2908 MIAMI BEACH, FL 33139 US

SUBJECT: SLICED BURGER LLC Ref. Number: W18000022413

We have received your document for SLICED BURGER LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 818A00004679

RECEIVED

DEPARTMENT OF S BIVISION OF CORPORTAL TALLAHASSEFF

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Sliced Burger LLC			
	Limited Liability	Company	
The enclosed "Application by Foreign Limited Liability Com Existence, and check are submitted to register the above refer			
Please return all correspondence concerning this matter to the	following:		
Tigran Gareginyan			
N	lame of Person		
<u></u>	irm/Company	·	
1504 Bay rd unit 2908			
	Address		
Miami Beach Florida 33139			
City/S	State and Zip Code		
tigran@slicedburger.com			
E-mail address: (to be use	d for future annual	report not	tification)
For further information concerning this matter, please call:			
Tigran Gareginyan	at (818	, 92892	293
Name of Contact Person	Area Code	_/	time Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	r ADDRESS: of Corporations ion Section suilding ecutive Center Circle see, FL 32301
Enclosed is a check for the following amount: \$\overline{\mathcal{Z}}\$\$125.00 Filing Fee \$\overline{\text{Certificate of Status}}\$\$	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$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:

	anisti in this otherway i tanasa.					
1. Sliced Burger LLC. (Name of Force	ign Limited Liability Company; must in	clude "Limited Lia	ability Company." "L.L.C" or	"LLC.")		
,	g		, ,	,		
(If name unavailable, enter alt Liability Company," "L.L.C,"	ernate name adopted for the purpose of or "LLC.")	transacting busine	ss in Florida. The alternate nam	ne must inclu	ıde "Limi	ited
2. Delaware		3. 82-4419174				
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized))			
4. 05/01/2018						
	(Date first transacted business in (See sections 605.0904 & 605.090	n Florida, if prior to	o registration.)	_		
5. 1504 Bay rd unit 2908	(550 55000), 005.070 (40 0051070		ne ponung nuomny,	_		
Miami Beach Florida	a 33139 USA					
Wilding Bodon Florida	(Street Address of Prin	cipal Office)		_		
6. 1504 Bay rd unit 290	8			_		
Minmi Booch Florida	22420 1104			_		
Miami Beach Florida	33139 USA (Mailing Add	ress)		_		
7. Name and street address	s of Florida registered agent: (P.O.	Box <u>NOT</u> accep	table)			
Name:	Registered Agents Inc.		_			
Office Address:	3030 N. Rocky Point Dr. STI	E 150A				
	Tampa		 , Florida <u>33</u> 607			
	(City)		(Zip code)	_		
Registered agent's accept	ance: gistered agent and to accept service	of neacess for th	he above stated limited liab	ilitu comna	nv at tha	ninca
designated in this applicat	ion, I hereby accept the appointme	nt as registered o	agent and agree to act in th	is capacity.	Lfurth	er agree
	ons of all statutes relative to the pro ny position as registered agent.	per and complete	e performance of my duties	, and Fam		with and
accept the voltgations of n	ny position as registerea agent.			<u> </u>	APR	777
	De I ma	i agent's signature)	<u> </u>	- 88 888	~	
	(Negistered	agent's signature)	•	Ä	ω.	i mm
8. The name, title or capa	city and address of the person(s) wh	o has/have autho	rity to manage is/are:	117.00 117.00 117.00	R	
Tigran Gareginyan	President,	1504	Bayrd #20	708=	ά	C .
Miami B	ench FL 33	139		<u> </u>	32	
9 Attached is a certificate	of existence, no more than 90 days of	old duly suthenti	cated by the official baying	custody of	records :	in the
jurisdiction under the law of	of which it is organized. (If the certif	ficate is in a forei	gn language, a translation o	f the certific	cate und	er oath
of the translator must be su	bmitted)	4				
				_		
	Signature of a	an authorized perso	מס			
This document is executed submitted in a document to	in accordance with section 605.020; the Department of State constitutes	3 (1) (b), Florida a third degree fel	Statutes. I am aware that any ony as provided for in s.817	y false infor 1.155, F.S.	mation	

Typed or printed name of signee

Tigran Gareginyan

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SLICED BURGER 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-SECOND DAY OF FEBRUARY, A.D. 2018.

And of the state o

Authentication: 202199542

Date: 02-22-18