

9/25/2019

Division of Corporations

**M1900000009280**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
Del Monte Dining, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Help

**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. DEL MONTE DINING, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE 3. 82-2286484  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

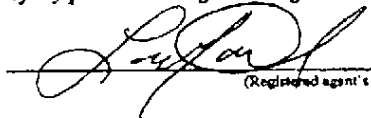
5. 241 SEVILLA AVENUE 6. 241 SEVILLA AVENUE  
(Street Address of Principal Office) (Mailing Address)  
CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System  
Office Address: 1200 SOUTH PINE ISLAND ROAD  
PLANTATION 33324  
(City) Florida (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.*

  
(Registered agent's signature) **Leslie Martin**  
Assistant Secretary

2019 SEP 25 AM 11:21

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**  
☒ Manager Name: YOUSSEF ZAKHARIA  
☐ Member Address: 241 SEVILLA AVENUE  
☐ Authorized CORAL GABLES, FL 33134  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: YOUSSEF ZAKHARIA  
☐ Member Address: 241 SEVILLA AVENUE  
☐ Authorized CORAL GABLES, FL 33134  
Person \_\_\_\_\_  
☒ Other CHAIRMAN ☐ Other \_\_\_\_\_

☐ Manager Name: CARLOS FRONTELA  
☐ Member Address: 241 SEVILLA AVENUE  
☐ Authorized CORAL GABLES, FL 33134  
Person \_\_\_\_\_  
☒ Other Chief Accountant ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**  
☒ Manager Name: DANNY DUMAS  
☐ Member Address: 241 SEVILLA AVENUE  
☐ Authorized CORAL GABLES, FL 33134  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

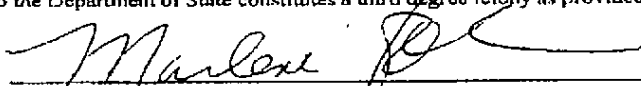
☐ Manager Name: WISSAM BAGHDADI  
☐ Member Address: 241 SEVILLA AVENUE  
☐ Authorized CORAL GABLES, FL 33134  
Person \_\_\_\_\_  
☒ Other GENERAL MANAGER ☐ Other \_\_\_\_\_

☐ Manager Name: MARLENE GORDON  
☐ Member Address: 241 SEVILLA AVENUE  
☐ Authorized CORAL GABLES, FL 33134  
Person \_\_\_\_\_  
☒ Other SECRETARY ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.

  
\_\_\_\_\_  
Signature of an authorized person  
  
Marlene M. Gordon  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "DEL MONTE DINING, 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2019.



6452139 8300

SR# 20197043047

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203604140

Date: 09-16-19