

# N2000003083

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

**\*\*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  
BIMBO QSR OHIO, LLC**

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

2020 MAR 19 PM 4:55  
TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. Bimbo QSR Ohio, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Ohio

(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 primary liability)5. 1801 W. 31St Place

(Street Address of Principal Office)

6. 1801 W. 31St Place

(Mailing Address)

Chicago, IL 60608Chicago, IL 606087. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Capitol Corporate Services, Inc.Office Address: 515 East Park Avenue 2nd FlTallahassee

(City)

, Florida 32301

(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.Krista Abair, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.

(Registered agent's signature)

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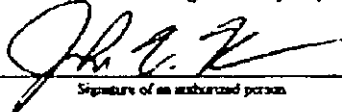
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Mark J. Bendix</u>	<input checked="" type="checkbox"/> Manager	Name: <u>John W. Kent</u>
<input type="checkbox"/> Member	Address: <u>1801 W. 31st Place</u>	<input type="checkbox"/> Member	Address: <u>1801 W. 31st Place</u>
<input type="checkbox"/> Authorized	<u>Chicago, IL 60608</u>	<input type="checkbox"/> Authorized	<u>Chicago, IL 60608</u>
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input checked="" type="checkbox"/> Manager	Name: <u>Fernando Arturo Valverde Flores</u>	<input type="checkbox"/> Manager	Name: <u>Jonathan T. Berger</u>
<input type="checkbox"/> Member	Address: <u>1801 W. 31st Place</u>	<input checked="" type="checkbox"/> Member	Address: <u>255 Business Center Drive</u>
<input type="checkbox"/> Authorized	<u>Chicago, IL 60608</u>	<input type="checkbox"/> Authorized	<u>Horsham, PA 19044</u>
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name: <u>Bruce Soter</u>	<input type="checkbox"/> Manager	Name: <u>Claudia V. Coscia</u>
<input checked="" type="checkbox"/> Member	Address: <u>1801 W. 31st Place</u>	<input checked="" type="checkbox"/> Member	Address: <u>7301 South Freeway</u>
<input type="checkbox"/> Authorized	<u>Chicago, IL 60608</u>	<input type="checkbox"/> Authorized	<u>Fort Worth, TX 76134</u>
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> 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

John W. Kent

Typed or printed name of signer

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified, and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show BIMBO QSR OHIO, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2256436, was organized within the State of Ohio on December 30, 2013, is currently in FULL FORCE AND EFFECT upon the records of this office.*

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*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 19th day of March, A.D. 2020.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202007903296