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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
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 US, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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Corporate Filing Menu

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06/01/2020

☐ \$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

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. BIMBO QSR US, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-5025647
(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. 33 West Monroe Street
(Street Address of Principal Office)

6. 33 West Monroe Street
(Mailing Address)

Chicago, IL 60603

Chicago, IL 60603

7. 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 Fl

Tallahassee, Florida 32301
(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.

KA

(Registered agent's signature)

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

FILED
JUN - 1
A 8:00
2020

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:**☒ ManagerName: Mark J. Bendix☐ MemberAddress: 33 West Monroe Street☐ AuthorizedChicago, IL 60603

Person

☐ Other☐ Other☒ ManagerName: Fernando Arturo Valverde Flores☐ MemberAddress: 33 West Monroe Street☐ AuthorizedChicago, IL 60603

Person

☐ Other☐ Other☐ ManagerName: Bruce Soter☒ MemberAddress: 33 West Monroe Street☐ AuthorizedChicago, IL 60603

Person

☐ Other☐ Other**Title or Capacity:****Name and Address:**☒ ManagerName: John W. Kent☐ MemberAddress: 33 West Monroe Street☐ AuthorizedChicago, IL 60603

Person

☐ Other☐ Other☐ ManagerName: Jonathan T. Berger☒ MemberAddress: 255 Business Center Drive☐ AuthorizedHorsham, PA 19044

Person

☐ Other☐ Other☐ ManagerName: Claudia V. Coscia☒ MemberAddress: 7301 South Freeway☐ AuthorizedFort Worth, TX 76134

Person

☐ Other☐ 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.817.153, F.S.



Signature of an authorized person

Claudia V. Coscia

Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIMBO QSR US, 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 FIRST DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIMBO QSR US, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



[Handwritten Signature]
Jeffrey W. Bullock, Secretary of State

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SR# 20205339151

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203022931

Date: 06-01-20