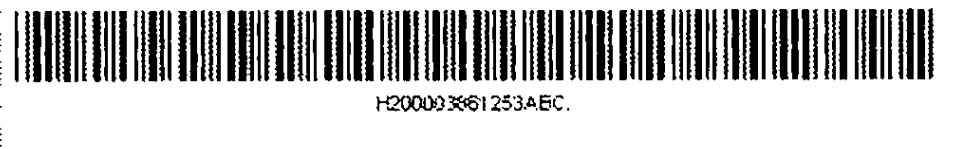


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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

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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) 333-4242

2020 NOV 6 PM 3:54

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

Email Address: JULIA@MAJORFOOD.COM

Foreign Limited Liability Company  
49 COLLINS AVENUE RESTAURANT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2020 NOV 5 PM 3:02

Sbf  
11/9/20

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 49 COLLINS AVENUE RESTAURANT 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:

JAMES E. RAUH, ESQ.  
Name of Person

---

GREENSPOON MARDER LLP  
Firm/Company

---

600 BRICKELL AVENUE, SUITE 3600  
Address

---

MIAMI, FLORIDA 33131  
City/State and Zip Code

---

JULIA@MAJORFOOD.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES E. RAUH, ESQ.	305	789-2732
_____	at ( _____ )	_____
Name of Contact Person	Area Code	Daytime Telephone Number

**Mailing Address:**  
 Registration Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**Street Address:**  
 Registration Section  
 Division of Corporations  
 The Centre of Tallahassee  
 2415 N. Monroe Street, Suite 810  
 Tallahassee, FL 32303

2020-11-06 15:02

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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

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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. 49 COLLINS AVENUE RESTAURANT 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. 85-3717288 (FEI number, if applicable)

4. 11/04/2020 (Date first transacted business in Florida, if prior to registration; See sections 605.0904 & 605.0905, F.S. to determine perjury liability)

5. 99 E 52ND STREET (Street Address of Principal Office)
6. 99 E 52ND STREET (Mailing Address)

C/O MAJOR FOOD GROUP

NEW YORK, NEW YORK 10022

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

Name: Greenspoon Marder LLP c/o James E. Rauh, Esq.
Office Address: 600 BRICKELL AVENUE, SUITE 3600
MIAMI, Florida 33131
(City) (Zip code)

Vertical stamp: RECEIVED NOV 10 2020

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.

Handwritten signature of registered agent over a horizontal line.

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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]:

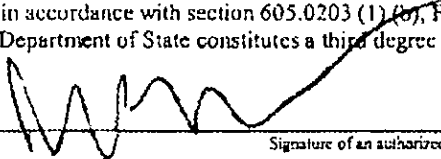
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: MAJOR FOOD GROUP LLC	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 99 E 52ND STREET	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	C/O MAJOR FOOD GROUP NEW YORK, NEW YORK 10022	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Handwritten notes: "11/11/20", "11/11/20", "11/11/20" written vertically on the right side of the form.

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

JEFFREY ZALAZNICK  
 \_\_\_\_\_  
 Typed or printed name of signer

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# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "49 COLLINS AVENUE RESTAURANT 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 SIXTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "49 COLLINS AVENUE RESTAURANT LLC" WAS FORMED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2020.

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

7 0 1 1 - 5 1 3 0 2



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

3923004 8300

SR# 20208269613

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

Authentication: 204027116

Date: 11-06-20

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