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From: Kimberly Laughrey

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To:

Division of Corporations

Fax Number

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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:			

TECHNED

Foreign Limited Liability Company Manager IM Rest, LLC

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

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Help

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Page: 3 of 5

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION &5,0002, FLORIDA STATUTEN, THE FOLLOWING IS SURNITTED TO REGISTER A FOREIGN LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAE Manager IM Rest. LLC (Name of Foreign Limited Fiability Company) must include "Limited Fiability Company," T.F.C., or "FFC" is (If name unavariable, enter alternate name adopted for the purpose of fransacting positioss in Florida. Dis alternate name must incline "Funded a tability Company," "FUC" or "ELC".) Delaware (11d number, if applicable) lunsdiction under the law of which foreign limited lightlify company is organized) 12/24/2020 (Date 19st transacted business in Florida if prior to registration.)
(See sections 605 (901 & 695 0005, I'S to determine penalty liability.) 9 West 57th Street, Suite 4920 17875 Collins Avenue (Street Address at Principal Office) New York, NY 10019 Sunny Isles Beach, FL 33160 7. Name and street address of Florida registered agent. (P.O. Box. NOT acceptable) C.T. Corporation System Name. 1200 South Pine Island Road Office Address: Plantation 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. C.T. Corporation System (Regretered agent's signature)

Page: 4 of 5

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:	Title or Canacity:	•	Name and Address:	
∟Manager	Name: Tunothy Kendrot	∐Manager	Name:		
□ Member	9 West 57th Street	□Member	Address:		
$\overline{\Sigma}$ Authorized	Suite 4920	☐ Authorized			
Person	New York, NY 10019	Person			
□()ther		Other			
				120	•
□Manager	Name:	□Manager	Name:	سيد وي المجيد	<u> </u>
<u>□</u> Member	Address:	□Member	Address:		7
C. Authorized		- Authorized			<u></u>
Person		Person		212 U	
□ Othei	Other	□Other		DOther	
□Manager	Name:	□ Manager	Name:		
□ Member	Address:	T Member	Address:		
☐ Authorized		Authorized			
Person		Person			
○Other		Other		Ciher	

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 filling 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 translation 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 fellowy as provided for in \$ 817,155, F.S.

To a contact the 20,000,00000	ar
	Signature of an authorized person
nothy Kendrot	
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Delaware The First State

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

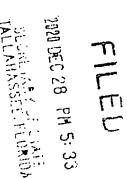
DELAWARE, DO HEREBY CERTIFY "MANAGER IM REST, LLC" IS DULY FORMED

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-THIRD DAY OF DECEMBER, A.D. 2020.

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



Authentication: 204409162

Date: 12-23-20