# M2100005803

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PCK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
Office Use Only



HAY 13 AN 9:56 SUCKETARY OF STATE MINUNY 13 PH 2:06 MIT ANASSTELFLORID.

MAY 14 2021 M. SOLOMON

ž	<b>*</b>	e i		4	ð		Ē		
ì						·i		đ,	
CORPORATION 1201 Hays S Tallhassee, Phone: 850-	FL 32301	PANY							
	ACCOUN	IT NO.	:	1200	00000	195			
	REFE	ERENCE	:	8120.	64	7 819	92608		
	AUTHORIZ	LATION	:	A	rel&ê	Cero	ran	)	
	ROINORIZ			(/)	<b>`</b>				
		LIMIT	:	\$ 12	5.00				
ORDER DATE			:	\$ 12	5.00				
ORDER DATE ORDER TIME	COST 		:	\$ 12	5.00				

### FOREIGN FILINGS

NAME: BBR PEMBROKE II, LLC

XXXX QUALIFICATION (TYPE: LL)

.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

# **COVER LETTER**

### TO: Registration Section Division of Corporations

BBR Pembroke II, LLC

SUBJECT:

.

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:

Craig W Colby				
	Name of Person	—		
BBR Pembroke II, LLC				
	Firm/Company	—		
26 Easton Way				
	Address	-	~	
Hainesport, NJ 08036		ן	2021 MAY 1	
C	City/State and Zip Code	-110 777	λY	
craig@colbyrestaurants.com		RY (	ω	
E-mail address: (to be	e used for future annual report notification)	-, 9	A A	
her information concerning this matter, please ca	П:		9: 56	
Craig Colby	302 766-0074 at ( )	·		
Name of Contact Person	Area Code Daytime Telephone Number	<u></u>		
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
1 anana5500, 1 L 52514	Tallahassee, FL 32303			
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP S125.00 Filing Fee S130.00 Filing Fee		e. Certific	ate	
Certificate o	• •			

# 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 FORFIGIN LIMITED LIABILITY COMPANYTO TRANSACT BUNINEN IN THE STATE OF FLORIDA:

# , BBR PEMBROKE II, LLC

3.         (PET number, if applicable)         N/A         (Page first trainsacted business in Florids, if prior to registration.) (See sections 605 0004.2 605 0004.2 605 0005, F.S. to determine penalty liability)         26 EASTON WAY         6.         (Mailing Address)         HAINESPORT, NJ 08036         HAINESPORT, NJ 08036         Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name:         Corporation Service Company         Name:         1201 Hays Street         Office Address:	name unavailable, enter afternate a	name adopted for the purpose of transacting business in H	orida. The alternate name must include	ie "Limited Lizbility Company," "L.L.C," o	
N/A (Date first transacted business in Florids. (f prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 26 EASTON WAY eet Address of Principal Office) HAINESPORT, NJ 08036 HAINESPORT, NJ 08036 Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: Determine Corporation Service Company Name: Determine 1201 Hays Street Office Address:	DELAWARE		86-2491490		
(Date first traissacted basiness in Florids, if prior to registration.) (See sections 605 0004 & 605 0005, F.S. to determine penalty liability)         26 EASTON WAY         6.         26 EASTON WAY         (Mathing Address)         HAINESPORT, NJ 08036         HAINESPORT, NJ 08036         Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Value         Name:         1201 Hays Street         Office Address:	(Jurisdiction under the law of w	tion under the law of which foreign limited liability company is organized)		(FEI raumber, if applicable)	
(See sections 605 0904 & 605 0905, F.S. to determine penaky liability)         26 EASTON WAY         et Address of Principal Office)         HAINESPORT, NJ 08036         HAINESPORT, NJ 08036         HAINESPORT, NJ 08036         Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name:         Corporation Service Company         1201 Hays Street         Office Address:	N/A				
bet Address of Principal Office)       6		(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration ) ne penalty liabihiy)		
HAINESPORT, NJ 08036 HAINESPORT, NJ 08036 Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: Corporation Service Company Name: Office Address: 1201 Hays Street	26 EASTON WAY		26 EASTON WA	Υ	
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	ret Address of Principal Office)	et Address of Principal Office)			
Name: 1201 Hays Street	HAINESPORT, NJ (	08036		NJ 08036	
Corporation Service Company     Image: Instance       Name:     Image: Instance       1201 Hays Street     Image: Instance					
Name:	Name and street addres	is of Florida registered agent: (P.O. Box	NOT acceptable)		
	Name:	Corporation Service Company			
Tallabassee 32301	Office Address:			ORIDE	
, Florida		Tallahassee		2301	

**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. Corporation Service Company

COPPOTATION CO. By: Juzcula & Plunan (Registered agena's signature)

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 Capacity:		Name and Address:
🖬 Manager	Name: CRAIG COLBY	Manager	Name:	
Member	Address:	□Member	Address:	
	HAINESPORT, NJ 08036	Authorized		
Person		Person		
Other	Other	DOther	<u> </u>	□Other
□Manager	Name:	Manager	Name:	
□Member	Address:	□Member	Address:	
Authorized		Authorized		
Person	<u> </u>	Person		
Other	🗆 Other	Other		$\Box Other \overline{\odot} \overline{\simeq} \overline{\simeq} \overline{\simeq}$
🗆 Manager	Name:	□Manager	Name:	
Member	Address:	⊡Member	Address:	55 55
□Authorized			<u> </u>	
Person		Person		
Other	🗇 Other	□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.817.155, F.S.

Signature of an authorized person

CRAIG W. COLBY

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BBR PEMBROKE II, 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 THIRTEENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BBR PEMBROKE II, LLC" WAS FORMED ON THE EIGHTH DAY OF MARCH, A.D. 2021.

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



Authentication: 203196285 Date: 05-13-21

Page 1

5407434 8300

SR# 20211760792 You may verify this certificate online at corp.delaware.gov/authver.shtml