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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 : LIQUOR LICENSE LOCATORS, LLC
Account Number : I20200000150
Phone : (407)953-0034
Fax Number : (866)929-0535

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

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Foreign Limited Liability Company
JUAN'S FLYING BURRITO, LLC

Certificate of Status	1
Certified Copy	1
Page Count	5
Estimated Charge	$160.00

5/13/21

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H21000190893

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. JUAN'S FLYING BURRITO, L.L.C.
(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. STATE OF LOUISIANA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 72-1337742
(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. 2018 MAGAZINE ST
New Orleans, LA 70130
(Street Address of Principal Office)

6. C/O WARREN CHAPOTON
2018 MAGAZINE ST
New Orleans, LA 70130
(Mailing Address)

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

Name: LIQUOR LICENSE LOCATORS, LLC

Office Address: 2021 VICTORIA AVE

FORT MYERS, Florida 33901
(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.

(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐Manager	Name: WARREN CHAPOTON	☐Manager	Name: THE RICHARD E. SHARPE LIVING TRUST
☒Member	Address: 2018 MAGAZINE ST	☒Member	Address: 23 SEGOVIA
☐Authorized	New Orleans, LA 70130	☐Authorized	SAN CLEMENTE, CA 92672
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name: JAMES MORRIS	☐Manager	Name:
☒Member	Address: 809 ALIX	☐Member	Address:
☐Authorized	New Orleans, LA 70114	☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name: DAVID GREENGOLD	☐Manager	Name:
☒Member	Address: 439 SOUTH SOLOMON ST	☐Member	Address:
☐Authorized	New Orleans, LA 70119	☐Authorized	
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

Warren F. Chapoton

Typed or printed name of signee

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UNITED STATES OF AMERICA

State of Louisiana

R. Kyle Ardoin

SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

In response to your request we are pleased to provide the information on the subject Limited Liability Company which filed articles of organization in this office on December 02, 1996.

Name:	JUAN'S FLYING BURRITO, L.L.C.
Type:	Limited Liability Company
City:	NEW ORLEANS
Status:	ACTIVE
Business:	JUAN'S FLYING BURRITO, L.L.C.
Charter Number:	34544263K
Registration Date:	12/2/1996
Domicile Address	2018 MAGAZINE ST. NEW ORLEANS, LA 70130
Mailing Address	C/O WARREN CHAPOTON 2018 MAGAZINE ST. NEW ORLEANS, LA 70130
Status:	ACTIVE
Annual Report Status:	In Good Standing
Last Report Filed:	11/17/2020
Type:	Limited Liability Company
Registered Agent(s)	
Agent:	WARREN CHAPOTON
Address:	2018 1/2 MAGAZINE ST.

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City, State, Zip: NEW ORLEANS, LA 70130
Appointment Date: 12/2/1996

Officer(s) Additional Officers: No

Officer: WARREN CHAPOTON
Title: Member
Address: 2018 MAGAZINE STREET
City, State, Zip: NEW ORLEANS, LA 70130

Officer: JAMES MORRIS
Title: Member
Address: 809 ALIX
City, State, Zip: NEW ORLEANS, LA 70114

Officer: DAVID GREENGOLD
Title: Member
Address: 439 SOUTH SOLOMON ST
City, State, Zip: NEW ORLEANS, LA 70119

Officer: THE RICHARD S. SHARPE LIVING TRUST
Title: Member
Address: 23 SEGOVIA
City, State, Zip: SAN CLEMENTE, CA 92672

Amendments on file

Date	Description
9/30/2009	Appointing, Change, or Resign of Officer
3/22/2018	Appointing, Change, or Resign of Officer

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 29, 2021

Secretary of State

Web 34544263K

Certificate ID: 11383087#G6Q83

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov

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