

7/29/22 1:44 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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STATE FINANCIAL SERVICES
FALLAHASSEE, FLORIDA

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

Email Address: lee@kfkgroup.com

2022 AUG - 1 AM 10:10

Foreign Limited Liability Company
Southeast Restaurant Ventures - Fort Lauderdale, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

K. SALY
AUG - 2 2022

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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. Southeast Restaurant Ventures - Fort Lauderdale, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Louisiana
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-1067350
(FBI number, if applicable)

4. 8/20/2022
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 603.0903, F.S., to determine penalty liability)

5. 1201 Canal Street
(Street Address of Principal Office)
Suite C-2
New Orleans, LA 70112

6. 1201 Canal Street
(Mailing Address)
Suite C-2
New Orleans, LA 70112

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

Name: Matthew C. Hoffman
Office Address: 151 W. Main Street, Suite 200
Pensacola, Florida 32502

STATEMENT OF SERVICE
FALLAHASSEE, FLORIDA

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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)
Matthew C. Hoffman

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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: <u>Elie Khoury</u>	<input type="checkbox"/> Manager	Name: <u>Faris Bushnaq</u>
<input checked="" type="checkbox"/> Member	Address: <u>1201 Canal Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>15749 Pine Blvd.</u>
<input type="checkbox"/> Authorized	<u>Suite C-2</u>	<input type="checkbox"/> Authorized	<u>Pembroke Pines, FL 33028</u>
Person	<u>New Orleans, LA 70112</u>	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

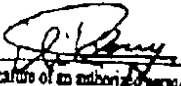
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TALLAHASSEE, FLORIDA

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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)

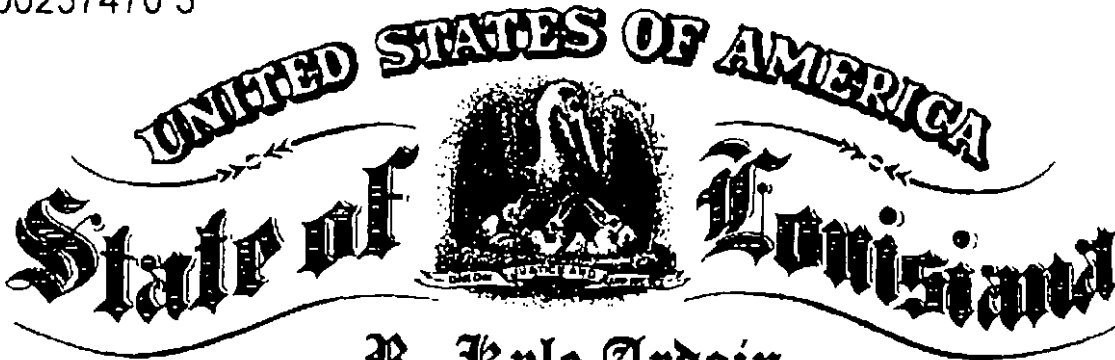
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Signature of an authorized person

Elie Khoury
Typed or printed name of signer

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R. Kyle Ardoin
 SECRETARY OF STATE

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

SOUTHEAST RESTAURANT VENTURES - FORT LAUDERDALE, LLC

A limited liability company domiciled in NEW ORLEANS, LOUISIANA,

Filed charter and qualified to do business in this State on May 27, 2021,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

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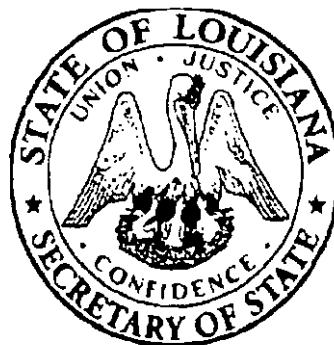
In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 28, 2022

Secretary of State

Web 44441C71K

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Certificate ID: 11605232#G6D52

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