

M230000/SSI2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

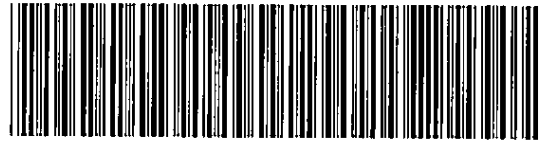
(Document Number)

Certified Copies _____

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CLERK OF SUPERIOR COURT
3RD FLOOR
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/11/2023

****WALK IN****

ENTITY NAME THE STEAK TRUCK LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125

ACCOUNT #: I20160000072

S. R. M.

**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. The Steak Trick 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. New York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. Vista Food International, Inc
(Street Address of Principal Office)

6. Vista Food International, Inc
(Mailing Address)

B101 Hunts Point Coop Meat Market
355 Food Center Drive, Bronx NY 10474

B101 Hunts Point Coop Meat Market
355 Food Center Drive, Bronx NY 10474

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

Name: Alan Butterfass

Office Address: 148 Cochise Court
Palm Coast, Florida 32137
(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.

/s/ Alan Butterfass

(Registered agent's signature)

FILED
2023 DEC 11 PM 4:25
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

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 type="checkbox"/> Manager	Name: Vincent Pacifico	<input checked="" type="checkbox"/> Manager	Name: Alan Butterfass
<input type="checkbox"/> Member	Address: Vista Food International, Inc	<input type="checkbox"/> Member	Address: Vista Food International, Inc
<input type="checkbox"/> Authorized	B101 Hunts Point Coop Meat Market	<input type="checkbox"/> Authorized	B101 Hunts Point Coop Meat Market
Person	355 Food Center Drive, Bronx NY 10474	Person	355 Food Center Drive, Bronx NY 10474
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Sec/Tres	<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

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.

/s/ Alan Butterfass

Signature of an authorized person

Alan Butterfass

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: THE STEAK TRUCK LLC
DOS ID Number: 5859848
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 10/19/2020
Statement Status: CURRENT
Statement Due Date: 10/31/2022

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 10/19/2020
Entity Name: THE STEAK TRUCK LLC

Document Type: CERTIFICATE OF PUBLICATION
Date of Filing: 03/03/2021

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on December 11, 2023
at 01:22 P.M.



ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State