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(Requestor's Name)				
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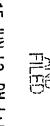
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SECRETARY OF STATE



1/4

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	BPH Burger 8 C	orporation		
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	<u>ude suffix</u>)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PPY REQUIRED	
FROM:		(Printed or typed)		
1001 Brickell Bay Drive STE 1210				
Migmi FL 33131 City, State & Zip				
Daytime Telephone number				
	E-mail address: (to be used	abp 200 · COM Tor future annual report i	notification)	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation	on shall be: BPH By	urger 8, Corporation	· · · · · · · · · · · · · · · · · · ·	
50 W Flagler S	PAL OFFICE Principal street address Treef		Mailing address, if different is: 1001 Brickell Bay Drive STE 1210 Miami, FL 33131	
	SE corporation is organized is:		us a Burger King and	
Name and Title:	S lock is: 100 . OFFICERS AND/OR DIRECTO Georgi Zac Zac Z 570 Hampton Ln Key Biscayne, Fl	Name and Title: Address:	FILED 15 JUN 12 PH 4: 54 SECRETARY OF STATE TALL AHASSEE FLOADA	
Address _	Gary Avonson/1 10560 NW 69th Terr Doral, FL 33178	Address:		
Name and Title:_ Address _				



Name and Title:	Name and Title:	15 JUN 12 PM L: 51
Address	Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	T acceptable) of the registered agent is	3:
Name: Gary Aronson		
Address: 10960 NW G9 Terr		
Doral FL 33/78		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: Joel Moro		
Address: 1912 N. 44Th A	ne	
Hollywood, FL 33	021	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be spe days after the filing.) Note: If the date inserted in this block does not mee the document's effective date on the Department of the date inserted in the Department of the document's effective date on the Department of the date inserted in the Department of the date inserted in this block does not meet the document's effective date on the Department of the date inserted in this block does not meet the document's effective date on the Department of the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in this block does not meet the document's effective date on the Department of the date inserted in this block does not meet the document's effective date on the Department of the date inserted in this block does not meet the document's effective date on the Department of the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in the date inserted	et the applicable statutory filing requir	
Having been named as registered agent to accept se this certificate, I am familiar with and accept the ap	ervice of process for the above stated pointment as registered agent and agr	corporation at the place designated in ree to act in this capacity
Mary Aronson Required Signature/Regist		6/9/15
Required Signature/Regist	tered Agent	Date
I submit this document and affirm that the facts st document to the Department of State constitutes a th	ated herein are true. I am aware tha aird degree felony as provided for in s.	nt the false information submitted in 6 817.155, F.S.
Dal Mor	v	6 9 15 Date
Required Signature/Incorporator		Date