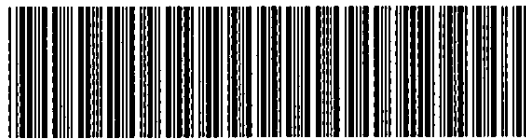


M13000000258



600241895696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

RECEIVED  
13 JAN 11 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED  
2013 JAN 11 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JAN 14 2013

D. BRUCE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 486352 7361206
AUTHORIZATION : [Signature]
COST LIMIT : \$125.00

ORDER DATE : January 4, 2013
ORDER TIME : 10:11 AM
ORDER NO. : 486352-040
CUSTOMER NO: 7361206

FOREIGN FILINGS

NAME: OMNINET FOUNTAIN GP, LLC

File 1st

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret -- EXT# 52949

EXAMINER: \_\_\_\_\_

FILED
2013 JAN 11 AM 11:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. OMNINET FOUNTAIN GP, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. LOS ANGELES, CALIFORNIA 3. 46-1674683  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/07/2013 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 9420 WILSHIRE BLVD 4TH FLOOR  
BEVERLY HILLS, CA 90212  
(Street Address of Principal Office)

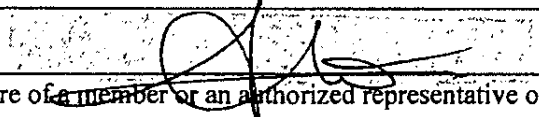
8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:  
BENJAMIN NAZARIAN - 9420 WILSHIRE BLVD 4th FL, BEVERLY HILLS, CA 90212  
ANDREA COSTANTINI - 9420 WILSHIRE BLVD 4th FL, BEVERLY HILLS, CA 90212  
MICHAEL DANIELPOUR - 9420 WILSHIRE BLVD 4th FL, BEVERLY HILLS, CA 90212

FILED  
2013 JAN 11 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: RENTAL OF  
COMMERCIAL REAL ESTATE

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

ANDREA COSTANTINI, MANAGER  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

OMNINET FOUNTAIN GP, LLC

---

If unavailable, the alternate to be used in the state of Florida is:

---

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL

32301

City/State/Zip

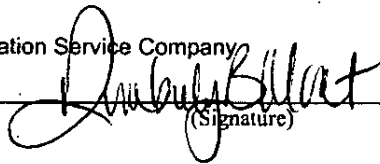
2019 JAN 11 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

Corporation Service Company

By:

  
(Signature)

**Kimberly B. Moret**  
as its agent

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

State of California  
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: OMNINET FOUNTAIN GP, LLC

FILE NUMBER: 201300710208  
FORMATION DATE: 01/07/2013  
TYPE: DOMESTIC LIMITED LIABILITY COMPANY  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

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



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 10, 2013.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State

RYM