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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer	
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Office Use Only



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T. HAMPTON



ACCOUNT NO. : I2000000195 REFERENCE : 7828686 AUTHORIZATION C COST LIMIT : \$ 125.00 ORDER DATE: April 18, 2014 ORDER TIME : 4:55 PM ORDER NO. : 100787-005 CUSTOMER NO: 7828686 FOREIGN FILINGS NAME: FIFTH DINING SARASOTA LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
PLAIN STAMPED COPY \_ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Emily Gray -- EXT# 52925

#### **COVER LETTER**

-	ision of Corporations					
SUBJECT:	Fifth Dining Sar	asota	LLC			
00000000	ń	ame of Limit	ed Liability Company	***************************************		_
	I "Application by Foreign Limited L id check are submitted to register th					
Please rerum	all correspondence concerning this	matter to the	following:			
	Angela Sloan					
		N	ame of Person			-
	Centerplate					
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	***************************************		Address			-
	Greenville, SC	2961	5			
		City/\$	State and Zip Code			**
	angela.sloan@					
			d for future annual rep	on nettic	ation)	
	formation concerning this matter, p	lease call:	• • •			
A	ngela Sloan		_ at <u>.</u> 864	<i>J</i>		············
	Name of Contact Person	1	Area Code	Da	ytime Telephone Number	
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314	Divisio Registr Clifton 2661 E	ET ADDRESS: in of Corporations ation Section Building executive Center Circussee, FL 32301	cl <del>e</del>		
	s a check for the following am 125.00 Filing Fee	ount: iling Fee &	Sec. 11.52501	•	■ \$160.00 Filing Fee, of Status & Certifie	

## 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:

L Fifth Dining Sarasota LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C	L," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The altern Liability Company," "L.L.C," or "L.E.C,")	ate name must include "Limited
<sub>2.</sub> Delaware <sub>3.</sub> 46-5404597	
(Jurisdiction under the law of which foreign limited liability (PLI number, if a company is organized)	ppficable)
4	
(Date first transacted ousmess in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	SES SES
<sub>5.</sub> 1 Independence Pt Ste 305	
Greenville, SC 29615	2 C
(Street Address of Principal Office)	E M
6. 1 Independence Pt Ste 305	<u> </u>
Greenville, SC 29615	Com &
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority t	o manage is/are:
Michael S. Kaufman - President - 2187 Atlantic St, Stamford, CT 06902	
Michael S. Raumant - President - 2167 Allande St, Stamold, C1 00902	
Desmond G. Hague - CEO - 2187 Atlantic St, Stamford, CT 06902	
Hadi K. Monavar - CFO - 2187 Atlantic St, Stamford, CT 06902 Keith B.W. King - Chief Legal Officer, Corp Secretary - 2187 Atlantic St, Stamford, <u>CT 0690</u>	າ
Neith B.W. King - Chief Legal Officer, Colp Secretary - 2107 Atlantic St. Statistics, ST 9050	<u></u>
8. Attached is an original certificate of existence, no more than 90 days old, duly aut	
having custody of records in the jurisdiction under the law of which it is organized. (acceptable, If the certificate is in a foreign language, a translation of the certificate u	
must be submitted)	nates that the transpacts
	About visit to the second of t
Signature of an authorized person the accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of pain aware that any take information solumined in a document to the Department of State constitutes a third degree felony as p	
Hadi K. Monavar	
Typed or printed name of signee	

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:	
Fifth Dining Sarasota, 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	

Corporation Se	ervice Company
1	(Name)
1201 Hays Str	eet
Florida Street A	Address (P.O. Box NOT ACCEPTABLE)
Tallahassee	32301 FL
	City/State/Zip

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 605, Florida Statutes.

Sue G. Knight
Assistant Vice President

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

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIFTH DINING SARASOTA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIFTH DINING SARASOTA LLC" WAS FORMED ON THE ELEVENTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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140490706

AUTHENTICATION: 1303748

DATE: 04-18-14

140490706