

MA0000010392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

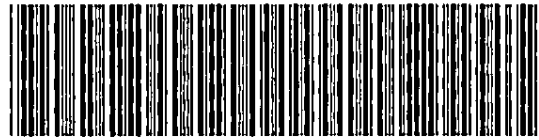
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Dadeland LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lindsey Nielson
Name of Person

The Cheesecake Factory Incorporated
Firm/Company

26901 Malibu Hills Rd.
Address

Calabasas, CA 91301
City/State and Zip Code

dcampos@thecheesecakefactory.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsey Nielson at (818) 871-3000 x4950
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. NORTH DADELAND 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. ARIZONA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-0752013
(FEI number, if applicable)

4. Company has not transacted business in Florida prior to filing
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. The Cheesecake Factory Incorporated
(Street Address of Principal Office)
26901 Malibu Hills Rd.
Calabasas, CA 91301

6. The Cheesecake Factory Incorporated
(Mailing Address)
26901 Malibu Hills Rd.
Calabasas, CA 91301

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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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.

By: [Signature]
(Registered agent's signature)

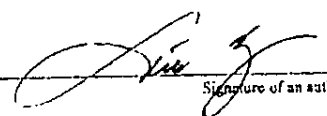
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>The Cheesecake Factory Restaurants, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>David Overton</u>
<input type="checkbox"/> Member	Address: <u>26901 Malibu Hills Rd.</u>	<input type="checkbox"/> Member	Address: <u>26901 Malibu Hills Rd.</u>
<input type="checkbox"/> Authorized	<u>Calabasas, CA 91301</u>	<input checked="" type="checkbox"/> Authorized	<u>Calabasas, CA 91301</u>
Person _____	_____	Person _____	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Matthew Clark</u>	<input type="checkbox"/> Manager	Name: <u>Scarlett May</u>
<input type="checkbox"/> Member	Address: <u>26901 Malibu Hills Rd.</u>	<input type="checkbox"/> Member	Address: <u>26901 Malibu Hills Rd.</u>
<input checked="" type="checkbox"/> Authorized	<u>Calabasas, CA 91301</u>	<input checked="" type="checkbox"/> Authorized	<u>Calabasas, CA 91301</u>
Person _____	_____	Person _____	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Cheryl Slomann</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>26901 Malibu Hills Rd.</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Calabasas, CA 91301</u>	<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.



 Signature of an authorized person
Scarlett May

 Typed or printed name of signer

STATE OF ARIZONA



Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

North Dadeland LLC

ACC file number: 1859959

was incorporated under the laws of the State of Arizona on 05/22/2018, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **08/24/2020**



A handwritten signature in black ink that reads "Matthew Neubert".

Matthew Neubert, Executive Director