

Certificate of Limited Partnership

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FILED
March 03, 2014
Sec. Of State
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Name of Limited Partnership:

FLORIDA RESTAURANT FRANCHISE GROUP X, LP

Street Address of Limited Partnership:

5621 STRAND BOULEVARD
202
NAPLES, FL. US 34110

Mailing Address of Limited Partnership:

2338 IMMOKALEE ROAD
137
NAPLES, FL. US 34110

The name and Florida street address of the registered agent is:

REGIONAL CENTER MANAGEMENT LLC
5621 STRAND BOULEVARD
202
NAPLES, FL. 34110

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: ANTHONY KORDA

The name and address of all general partners are:

Title: G
REGIONAL CENTER MANAGEMENT LLC
5621 STRAND BOULEVARD
NAPLES, FL. 34110 US

The effective date for this Limited Partnership shall be:

03/03/2014

Signed this Third day of March, 2014

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: ANTHONY KORDA

The individual(s) signing this document affirm(s) that the facts stated herein are true and the individual(s) is/are aware that 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.