

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 922-4003

From:

Account Name : BERGER DAVIS & SINGERMAN  
Account Number : I19990000048  
Phone : (954) 525-9900  
Fax Number : (954) 523-2872

**FLORIDA LIMITED PARTNERSHIP**

**Drive-Thru Concepts, Ltd.**

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Estimated Charge	\$148.75

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**CERTIFICATE OF LIMITED PARTNERSHIP**

Pursuant to Section 620.108, Florida Statutes, the undersigned, being the sole General Partner, desiring to form a Florida limited partnership, does hereby swear and affirm as follows:

1. The name of the Limited Partnership is Drive-Thru Concepts, Ltd.

2. The office of the Limited Partnership is at 5800 N.W. 74<sup>th</sup> Avenue, Miami, Florida 33166, and the name and address of the agent for service of process is Carlos Bared at 5800 N.W. 74<sup>th</sup> Avenue, Miami, Florida 33166.

3. The name and business address of the sole General Partner is:

Drive-Through Concepts Management, Inc.  
5800 N.W. 74<sup>th</sup> Avenue  
Miami, Florida 33166

p99-94115

4. The mailing address of the Limited Partnership is:

5800 N.W. 74<sup>th</sup> Avenue  
Miami, Florida 33166

5. The latest date upon which the Limited Partnership is to dissolve is seventy-five (75) years from the date of the recording of this Certificate.

IN WITNESS WHEREOF, the undersigned has executed this Certificate this 27<sup>th</sup> day of October, 1999.

GENERAL PARTNER

**DRIVE-THROUGH CONCEPTS  
MANAGEMENT, INC.**By: 

Carlos Bared  
Vice-President

Prepared by:

Robert W. Barron, Esq.  
Berger Davis & Singerman  
350 E. Las Olas Blvd., #1000  
Fort Lauderdale, FL 33301  
Tel. No. 954-525-9900  
FL Bar No. 0160687  
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STATE OF FLORIDA                     )  
  ) ss:  
COUNTY OF MIAMI-DADE            )

Sworn to and subscribed before me this 27<sup>th</sup> day of October, 1999, by Carlos Bared, as Vice President of Drive-Through Concepts Management, Inc., a Florida corporation, on behalf of the Corporation. He is personally known to me.

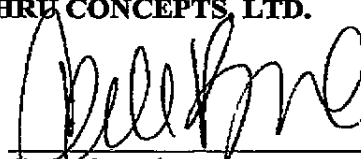
NOTARY PUBLIC:

By: Phyllis S Bean  
Print Name: \_\_\_\_\_  
Commission No.: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

OFFICIAL NOTARY SEAL  
PHYLLIS S BEAN  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC584520  
MY COMMISSION EXP. SEPT 11, 2000

**ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT**

I hereby accept the appointment as the initial Registered Agent of **DRIVE-THRU CONCEPTS, LTD.**, as made in the foregoing Certificate of Limited Partnership and agree to act in such 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 the initial Registered Agent of **DRIVE-THRU CONCEPTS, LTD.**

Date: October 27, 1999

Carlos Bared  
Initial Registered Agent

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

**BEFORE ME**, the undersigned, personally appeared Carlos Bared, Vice-President of DRIVE-THROUGH CONCEPTS MANAGEMENT, INC., the sole General Partner of DRIVE-THRU CONCEPTS, LTD., a Florida limited partnership ("Partnership"), who, upon being sworn, certified as follows:

The amount of the capital contributions of the Limited Partners and General Partner to the Partnership and the amount anticipated to be contributed by them to the Partnership is Five Thousand Dollars (\$5,000.00).

Dated this 27<sup>th</sup> day of October, 1999.

**FURTHER AFFIANT SAYETH NOT.**

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

**GENERAL PARTNER:**

**DRIVE-THROUGH CONCEPTS  
MANAGEMENT, INC.**

By: 

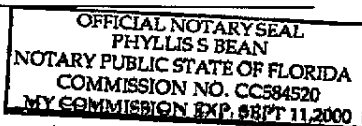
Carlos Bared  
Vice-President

STATE OF FLORIDA                    )  
  ) ss:  
COUNTY OF MIAMI-DADE        )

Sworn to and subscribed before me this 27<sup>th</sup> day of October, 1999, by Carlos Bared, as Vice President of Drive-Through Concepts Management, Inc., a Florida corporation, on behalf of the Corporation. He is personally known to me.

**NOTARY PUBLIC:**

By: Phyllis S Bean  
Print Name: \_\_\_\_\_  
Commission No.: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



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