

File 2nd

B00000000302



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 840297 7170708

AUTHORIZATION :

Patricia Pujant

COST LIMIT : \$ 148.75

ORDER DATE : September 22, 2000

ORDER TIME : 12:01 PM

ORDER NO. : 840297-010

CUSTOMER NO: 7170708

CUSTOMER: Ms. Julie Skukalek
Carrabba's Italian Grill, Inc.
5th Floor
2202 North Westshore Blvd.
Tampa, FL 33607

200003409782--2

FILED
00 SEP 29 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: WIBEL OF CANTON, LIMITED
PARTNERSHIP

FILE 2ND*****

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156

RECEIVED
00 SEP 29 PM 1:19
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
Bu d/29

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

00 SEP 29 11:02
FILED
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

1. WIBEL OF CANTON, LIMITED PARTNERSHIP
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")

3. MICHIGAN 4. September 14, 2000
(State of Formation) (Date of Formation)

5. Corporation Service Company
(Name of Registered Agent for Service of Process)

6. 1201 Hays Street
(Street Address of Registered Office)

Tallahassee, Florida 32301
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Corporation Service Company
By: Laura R. Dunlap **Laura R. Dunlap**
(Agent must sign on this line) **as its agent**

8. 581 BENNINGTON, BLOOMFIELD HILLS, MICHIGAN 48304

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

MARK V WIBEL 581 BENNINGTON, BLOOMFIELD HILLS, MI 48304

10. 581 BENNINGTON, BLOOMFIELD HILLS, MICHIGAN 48304
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. 581 BENNINGTON, BLOOMFIELD HILLS, MICHIGAN 48304

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 19th day of September

[Signature]
General Partner

STATE OF MICHIGAN

COUNTY OF OAKLAND

On this 19th day of September, 2000

_____ personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Molly Marie Brown
(Notary Public Signature)

MOLLY MARIE BROWN
(Notary's Printed Name)

MOLLY MARIE BROWN
NOTARY PUBLIC - OAKLAND COUNTY, MI
MY COMMISSION EXP. 01/26/2002

Seal

My Commission Expires: 1/26/2002

FILED
SEP 29 PM 4:02
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

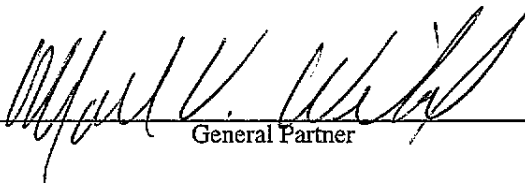
AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared MARK V. WIBEL,
a general partner of WIBEL OF CANTON, LIMITED PARTNERSHIP, a (an) MICHIGAN
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 0.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 19th day of SEPTEMBER, 2000.


General Partner

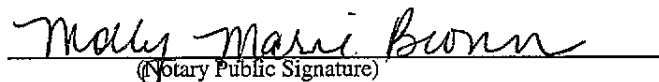
FILED
00 SEP 29 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MICHIGAN
COUNTY OF Oakland

On this 20th day of September, 2000,

MARK V. WIBEL, personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____


(Notary Public Signature)

MOLLY MARIE BROWN
(Notary's Printed Name)

MOLLY MARIE BROWN
NOTARY PUBLIC - OAKLAND COUNTY, MI
MY COMMISSION EXP. 01/26/2002

Seal

My Commission Expires: