

1395000000356

CORPORATION(S) NAME

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 10 PM 1:22
95 OCT 10 PM 1:22

12/14/50

DATA ESTIMATES, L.P. Limited Partnership

☐ After 4:30
☒ Pick Up

Name	
Availability	hmk
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

CR2E031 (1-89)

PLEASE RETURN EXTRA COPY(S)
FILE STAMPER

Please call me if you
w/ any problems. R. AGE

74-100

TOTAL

348

6. CLAY

-10/12/95--01095--011
 *****35.00 *****35.00

Florida Department of State, Jim Smith, Secretary of State

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

1. Daka Restaurants, L.P. 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. Delaware
(State of Formation)


4. February 7, 1995
(Date of Formation)

5. C T CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

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

C T CORPORATION SYSTEM

(Officer must sign on this line)
Edward Gwisdalla, Assistant Vice President
(Type Name and Title of Officer)

8. c/o The Corporation Trust Company, 1209 Orange St., Wilmington, DE 19801
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

SPECIFIC ADDRESS

Daka, Inc.

One Corporate Place
55 Ferncroft Rd.
Danvers, MA 01923

P24798

10. One Corporate Place, 55 Ferncroft Rd., Danvers, MA 01923

(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of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. One Corporate Place, 55 Ferncroft Rd., Danvers, MA 01923

(Mailing Address of Limited Partnership)

This 9th day of March, 19 95.

BY: Charles W. Redepenning, Jr.

General Partner
Charles W. Redepenning, Jr., Sr. V.P., of
Daka, Inc., General Partner

STATE OF

COUNTY OF

THE FOREGOING instrument was acknowledged and sworn to before me this 9th day
of March, 19 95, by Charles W. Redepenning, Jr. (Name of General Partner) of
Sr. V.P. of Daka, Inc.

Daka Restaurants, L.P. Limited Partnership
(Name of Limited Partnership), A Delaware (State or Country) Limited
Partnership, on behalf of the Limited Partnership.

Jacqueline M. Magnuson
Notary Public

State of Mass. at Large

(SEAL)

My Commission Expires:

11-23-01

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 10 PM 1:22

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95 OCT 10 PM 1:22

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DIVISION OF CORPORATIONS
95 OCT 10 PM 1:22

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

Charles W. Redepennig, Jr., Sr. V.P. of
Daka, Inc.

BEFORE ME, the undersigned, personally appeared _____, a
general partner of Daka Restaurants, L.P., limited Partnership, a (an)
Delaware, limited partnership, hereinafter referred to as the "Partnership", who
certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 11,000,000.00.

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

This 25th day of August, 19 95

FURTHER AFFIANT SAYETH NOT.

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

General Partner

BY: Charles W. Redepennig, Jr.

Charles W. Redepennig, Jr., Sr. Vice President
of Daka, Inc., General Partner

STATE OF Mass
COUNTY OF Essex
DATE Aug 25, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to
take acknowledgments in and for the State and County set forth above, personally appeared
Charles W. Redepennig, Jr. (General Partner, known to me and know by me to
be the person who executed the foregoing Affidavit of Capital Contributions, and he ack-
nowledged to me and before me that he executed this Affidavit as General Partner of said
partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the
State and County aforesaid, this 25th day of August,
19 95.

See'

James M. Maguire
Notary Public

State of Mass at Large

My Commission Expires:

11-23-01

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND 50% PENALTY FEE

B9500000356

FILED

95 DEC 29 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

Daka Restaurants LP

1a. DOCUMENT #

B9500000356

96-AR

CM

Mailing Address

One Corporate Place
55 Ferncroft Road
Danvers, MA 01923

Principal Office Address

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in
FLORIDA

10/10/95

3a. Date of Last Report

N/A

4. State or Country of Formation

Delaware

5a. Capital Contributions as Shown
on Record

11,000,000

5b. Amount of Capital Contributions in
FLORIDA to date

- 0 -

6. FEI Number

04-3259100

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2) Supplemental Fee: \$138.75 (pursuant to section 607.103, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

C.T. Corporation System
1200 South Pine Island Road
Plantation, FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

Daka, Inc.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

One Corporate Place
55 Ferncroft Rd.

11b. City, State & Zip Code

Danvers, MA
01923

11c. Registration/
Document Number

P24798
037925

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Daka, Inc. by: *Jonie Psallidas*

DATE

12/22/95

Typed or Printed Name of General Partner Filing Form

Daka Inc. by Jonie Psallidas

Telephone Number

(508) 774-9115

Asst. Treas.

CR2E003 (6/95)

B9500000356

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: <u>Daka Restaurants, LP</u>	EIN or SS#: _____
Address: <u>One Corporate Place/55 Ferncroft Road</u>	
<u>Danvers, IA 01923-4001</u>	
Amount: <u>\$385.00</u>	Date Paid: <u>01-10-96</u>
Reason for Claim: <u>Overpayment on 1996 annual report.</u>	
<u>(Daka Restaurants LP #B9500000356) Cathy Mitchell, Registration Section</u>	
Certified true and correct this <u>10th</u> day of <u>January</u> , 19 <u>97</u>	
Signature <u>See attached letter</u>	
* Must be completed if authority is other than Section 215.26, Florida Statutes.	

RECEIVED
JAN 10 AM 9:14
DIVISION OF CORPORATIONS

Do Not Write in This Box - For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	
Amount of recommended refund \$ <u>385.00</u>	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on	
State Treasurer's Receipt No. <u>01039-029</u> dated <u>01-10-96</u>	
NAME OF ACCOUNT: <u>45202130001453000000000010000</u>	
Statutory Authority for Collection _____	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: <u>452021300014530000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____	
<u>Department of State, Division of Corporations</u>	_____
(Agency)	(Authorized Agency Signature and Title)

84500000356

FILED
35 OCT 29 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Doc. No. 84500000356
Duke, Restaurant LP

CM
46-46

One Carmele Place
55 Ferncroft Road
Dover, MA 01923

10/10/84
- 0 -
0Y-3A5100

C.T. Corporation System
1200 South Pine Island Road
Plantation, FL 33324

A GENERAL PARTNER IN THIS IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

Duke, Inc.
One Corporate Place
55 Ferncroft Rd.

SIGNATURE
Date, Inc. by [Signature]
Duke, Inc. by [Signature]
COB 12/1/84

Notes: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.



One Corporate Place
55 Ferncroft Road
Danvers, MA 01923-4001

Office (508) 774-9115
FAX (508) 774-3217

January 6, 1997

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314 - 6327

RE: Daka Restaurants, LP
One Corporate Place
55 Ferncroft Road
Danvers, MA 01923
EIN 04-3259100

RECEIVED
97 JAN 10 AM 9:14
DIVISION OF CORPORATIONS

Dear Sir/Madam:

This letter relates to the overpayment of our 1996 Florida Limited Partnership Annual Report which was filed timely on December 22, 1995.

We incorrectly stated that our *Capital Contributions as Shown on Record (Line 5a)* was **\$11,000,000** and based on this number, we paid **\$576.25** (see attached copy).

As reflected on our 1997 Florida Annual Report, *Line 5a* correctly shows **-0-**. Because of this, we are seeking a refund of **\$385.00** as our liability for the 1996 return should only have been the minimum of **\$191.25**.

We await your reply and look forward to receiving the refund for **\$385.00**. If you have any questions or problems, please feel free to call me at (508) 774-9115 extension 1255. Thank you for your help in this matter.

Sincerely,
DAKA RESTAURANTS, LP

A handwritten signature in cursive script that reads "Suzanne R. Dery".
Suzanne R. Dery
Sr. Tax Accountant

Enclosures

Document Number Only

1395000000356

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
97 MAY -8 PM 12:47

Dak a Restaurants

800002174758--1

-05/12/97--01061--011

*****52.50 *****52.50

- ☐ Profit
☐ NonProfit
☐ Limited Liability Co.
☐ Foreign
☒ Limited Partnership *Cancellation*
☐ Reinstatement
☐ Certified Copy
☐ Call When Ready
☒ Walk In
☐ Mail Out
- ☐ Amendment
☐ Dissolution/Withdrawal
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call if Problem
☐ Will Wait
- ☐ Merger
☐ Mark
☐ Other
☐ Change of R.A.
☐ Fictitious Name Filing
☐ CUS
☐ After 4:30
☒ Pick Up

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

4 5/08

G. TAX
FILING 52.50
R. AGENT FEE
J. COPY
TOTAL 52.50
N. BIRTH
BALANCE DUE
RETTING

RECEIVED
97 MAY -8 AM 11:12
DIVISION OF CORPORATIONS

31K 5/8/97

CR2E031 (1-89)

CERTIFICATE OF CANCELLATION OF REGISTRATION OF
FOREIGN LIMITED PARTNERSHIP

Pursuant to the provisions of Section 620.174 of the Florida Uniform Limited Partnership Act, the following Certificate of Cancellation of Foreign Limited Partnership is submitted for filing.

- ARTICLE 1. The name of the limited partnership is Daka Restaurants, L.P.
- ARTICLE 2. If different than above, the name of the limited partnership under which its Certificate of Authority was issued in Florida is Daka Restaurants, L.P.
- ARTICLE 3. The limited partnership's Certificate of Authority to conduct business in Florida was issued on October 10, 1995.
- ARTICLE 4. The effective date of cancellation, if different than the date of the filing of this Certificate with the Secretary of State, is upon filing.
- ARTICLE 5. The authority of the Secretary of State to accept service of process for the limited partnership with respect to causes of action arising out of the transaction of business in the State of Florida survives the filing of this Certificate and remains in effect.
- ARTICLE 6. The address in the jurisdiction of organization of the limited partnership to which the Secretary of State can forward service of process is One Corporate Place, 55 Ferncroft Rd., Danvers, MA 01923

March 28, 1997

(Signature of General Partner)
Charles W. Redepenning, Jr.
Charles W. Redepenning, Jr., Sr. VP & Gen. Csl.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
91 MAY - 8 PM 12:47

State of
County of

Massachusetts
Essex

Subscribed and sworn or affirmed before me this 28 day of March
19 97 by Charles W. Redenwing Jr. for Data Inc. a general partner of
Drake Restaurants, LP a foreign limited partnership.

FILED STATES
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
9 MAY - 8 PM 2:47

Heather MacDonald

Notary Public

(NOTARIAL SEAL)

My commission expires: December 4, 2005