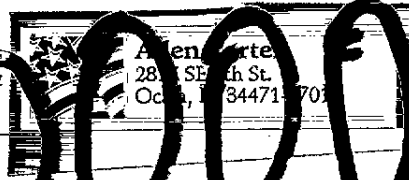


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Address
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. GALAD CO, INC (Corporation Name) (Document #) 600003181656-7 -03/23/00--01073--004 *****70.00 *****70.00
- 2. (Corporation Name) (Document #)
- 3. (Corporation Name) (Document #)
- 4. (Corporation Name) (Document #) w-8/08

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
00 MAY -3 PM 2:19
SECRETARY OF STATE
ALBUQUERQUE, NEW MEXICO
5/3

6p

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 27, 2000

ALLEN PORTER
2817 SE 5TH ST.
OCALA, FL 34471-2701

SUBJECT: GALADCO, INC.
Ref. Number: W00000008108

FILED
00 MAY -3 PM 2:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for GALADCO, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please list your officers' and directors' names and addresses on the second page of your application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

~~A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.~~

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 200A00016826



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 12, 2000

ALLEN PORTER
GALADCO, INC.
2817 SE 5TH ST.
OCALA, FL 34471-2701

SUBJECT: GALADCO, INC.
Ref. Number: W00000008108

We have received your document for GALADCO, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Thank you for submitting your certificate of existence. You must still make the corrections to your application that we requested in our previous letter, a copy of which is attached.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 400A00020070

*CORRECTIONS HAVE
BEEN MADE*

SECRETARY OF STATE
TALLAHASSEE FLORIDA

00 MAY -3 PM 2:19

FILED

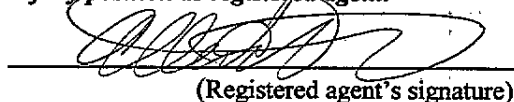
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. GALADCO, INC
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. MISSOURI 3. 43-1517568
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/1989 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. P.O. Box 288 Bee Branch, AR 72013
(Principal office address)
b. SAME AS ABOVE
(Current mailing address)
8. TO OWN & OPERATE SONIC DRIVE-INS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Mr. ALLEN PORTER
Office Address: 2817 SE. 5TH ST.
ODALA, FLORIDA, Florida 34471
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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00 MAY -3 PM 2:19
TALLAHASSEE FLORIDA
SECRETARY OF STATE

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: DENNIS D. PORTER

Address: RT 2 Box 91-41
BEE BEACH, AL 72013

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DENNIS D. PORTER

Address: RT 2 Box 91-41
BEE BEACH, AL 72013

Vice President: STAWN DOWNS

Address: P.O. Box 288
BEE BEACH, AL 72013

Secretary: CHRISTY TURNER

Address: P.O. Box 288
BEE BEACH, AL 72013

Treasurer: CHRISTY TURNER

Address: P.O. Box 288
BEE BEACH, AL 72013

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DENNIS D. PORTER
(Typed or printed name and capacity of person signing application)

FILED
00 MAY -3 PM 2:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

No. 00329525

STATE OF MISSOURI



Rebecca McDowell Cook
Secretary of State

00 MAY -3 PM 2:19
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION DIVISION

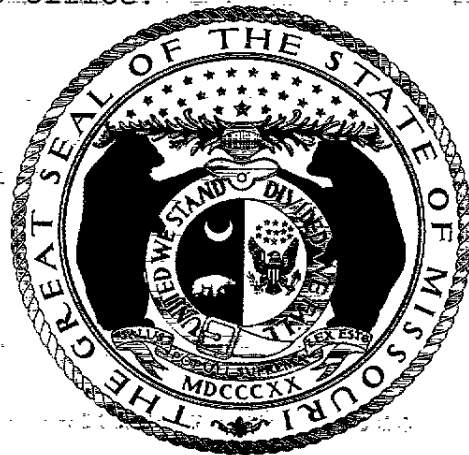
CERTIFICATE OF CORPORATE GOOD STANDING

I, REBECCA McDOWELL COOK, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

GALADCO, INC.

was incorporated under the laws of this State on the 23rd day of JUNE, 1989, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 1st day of MARCH, 2000.



Rebecca McDowell Cook
Secretary of State