

ACCOUNT NO. : 07210000032

REFERENCE

AUTHORIZATION

COST LIMIT

ORDER DATE: March 14, 2001

ORDER TIME: 9:32 AM

ORDER NO. : 077392-025

CUSTOMER NO:

7170708

CUSTOMER: Ms. Julie Skukalek

Carrabba's Italian Grill, Inc.

5th Floor

2202 North Westshore Blvd.

Tampa, FL 33607

700003890417--6

FOREIGN FILINGS

WIBEL GROUP OF OHIO, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Darlene Ward -- EXT# 1135

EXAMINER:

CT (^)

M3h1

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: WIBEL GROUP OF OHIO, INC.	
	on - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.	register the above referenced foreign/corporation
Please return all correspondence concerning this matte	r to the following:
Julie Skukalek	
(Name of	f Person)
Carrabba's Italian Grill, Inc.	Dr. O
(Firm/Co	ompany)
2202 North Westshore Blvd., 5th Floor	
(Add	ress)
Tampa, Florida 33607	
*	and Zip code)
•	•
For further information concerning this matter, please	call:
Julie Skukalek at (813)288-8286
·	Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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.	WIBEL GROU	P OF OHIO,	INC.		_			
	words or abbre	viations of like	mport in las		arly	ED", "COMPANY", "CORPO y indicate that it is a corporation present.)		
2.	MICHIGAN				3.	38-3585976		
	(State or count	ry under the law	of which it	is incorporated)		(FEI numbe	r, if applicable)	
4.	February 2			•	5,	perpetual	700 9	
	(Da	e of incorporati	on)			(Duration: Year corp. will	cease to exist or "perpetual"	
6.	upon quali	fication					2 2 C	
	(Date first trans	ncted business is				t transacted business in Florida , 607.1502 and 817.155, F.S.		
7.	581 BENNIN	GTON, BLOOM	MFIELD H	ILLS, MI 483	304	Į.	202 13	
	(Principal office address)							
	581 BENNINGTON, BLOOMFIELD HILLS, MI 48304							
	(Current mailing address) FULL SERVICE RESTAURANTS							
	FOLL SERVI	CE RESIMORE	11/12					
8.		(a) of correction	n ovehovice	d in hama stata a		ountry to be carried out in state	of Florida)	
	(Purpose	(s) of corporatio	m audiorize	d in nome state o	rec	diniry to be carried out in state	of Florida)	
9.	Name and st	reet address o	f Florida	registered age	nt:	(P.O. Box or Mail Drop B	ox <u>NOT</u> acceptable)	
	Name:	Corporation	n Servi	e Company				
O	ffice Address:	1201 Hays	Street			<u> </u>		
		Tallahasse	e			, Florida <u>32301</u>	<u></u>	
			(City)			(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.

Corporation Service Company

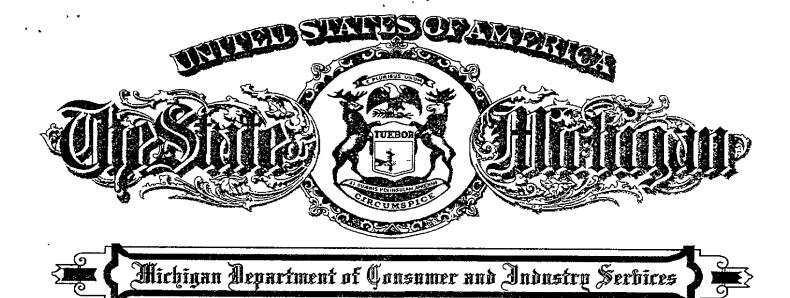
Octobro W. Skipper Deborah D. Skipper

(Registered agent's signature as its agent

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.

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

A. DIRECTORS	
Chairman:	
Address:	TEST TO THE STATE OF THE STATE
Vice Chairman:	
Address:	
	Opri 33
Director: Mark V. L	Wihel
	ington, Bloomfield Hills, MI 48304
Director:	
Address:	
B. OFFICERS President: Mark V. L Address: 581 Behnin	Wibel gton, Bloomfield Hills, MI 48304
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an ac	ddendum to the application listing additional officers and/or directors.
(Signature of Chairman, V	ice Chairman, or any officer listed in number 12 of the application)
14.	Jibel, Prosident
(Typed or printed to	name and capacity of person signing application)



Lansing, Michigan

This is to Certify That

WIBEL GROUP OF OHIO, INC.

MAR 21 PN 2: 3
BURETARY OF STATE
IT AMASSEE FLORID

was validly incorporated on February 22, 2001, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 20th day of March, 2001

. Director

Bureau of Commercial Services