

CT CORP IN SEM

**F01000002406**

CORPORATION(S) NAME

Wing Zone Knights, Inc.

01 MAY -4 PM 3:42  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800004136478--9  
-05/04/01--01063--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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|--|---|---|
| <input checked="" type="checkbox"/> Profit   | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input checked="" type="checkbox"/> Foreign  | <input type="checkbox"/> Reinstatement          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Change of RA       |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Call If Problem        | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            | <input type="checkbox"/> Will Wait              |   |

*(Handwritten signature/initials)*

Name \_\_\_\_\_ 5/4/01 Order#: 4278745  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_ Ref#: \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_ Amount: \$ \_\_\_\_\_

CB

660 East Jefferson Street,  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

RECEIVED  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE  
2001 MAY -4 AM 11:24  
NOTIFIED TO AGENCY OF FILING  
TO ACKNOWLEDGE

*(Handwritten initials)*  
h/c  
3/7

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

01 MAR -4 PM 3:42  
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SECRETARY OF STATE  
TALLAHASSEE, 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. Wing Zone Knights, 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. Georgia 3. Applied For  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 4. April 17, 2001 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
- 6. Upon Qualification  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
- 7. 1720 Peachtree Street, Suite 940, Atlanta, GA 30309  
  
(Current mailing address)

8. Operate take out and delivery food establishment  
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324  
(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.*

C T Corporation System

Joan Bolden

**JOAN BOLDEN**

(Registered agent's signature) **ASSISTANT SECRETARY**

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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Matthew A. Friedman

Address: 1720 Peachtree Street, Suite 940, Atlanta, GA 30309

Director: Adam J. Scott

Address: 1720 Peachtree Street, Suite 940, Atlanta, GA 30309

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Matthew A. Friedman

Address: 1720 Peachtree Street, Suite 940, Atlanta, GA 30309

Vice President: Adam J. Scott

Address: 1720 Peachtree Street, Suite 940, Atlanta, GA 30309

Secretary: Adam J. Scott


Address: 1720 Peachtree Street, Suite 940, Atlanta, GA 30309

Treasurer: Matthew A. Friedman

Address: 1720 Peachtree Street, Suite 940, Atlanta, GA 30309

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

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

14. Adam J. Scott, Secretary   
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Secretary of State**

**Corporations Division**

**315 West Tower**

**#2 Martin Luther King, Jr. Dr.**

**Atlanta, Georgia 30334-1530**

CONTROL NUMBER : 0118841  
DATE INC/AUTH/FILED: 04/17/2001  
JURISDICTION : GEORGIA  
PRINT DATE : 05/03/2001  
FORM NUMBER : 211

01 MAY -4 PM 3:42  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CT CORPORATION SYSTEM  
JOAN BOLDEN  
1201 PEACHTREE STREET, N.E.  
ATLANTA, GA 30361

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

**WING ZONE KNIGHTS, INC.**  
**A GEORGIA PROFIT CORPORATION**

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20010503201715479



*Cathy Cox*

Cathy Cox -  
Secretary of State