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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

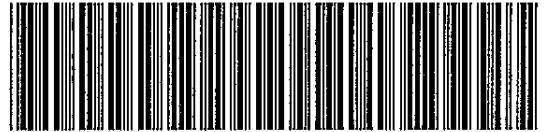
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: Ruth's Chris Steak House Franchise, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Thomas O'Keefe, Senior Vice President and General In-House Counsel

(Name of Person)

Ruth's Chris Steak House, Inc.

(Firm/Company)

500 International Parkway, Suite #100

(Address)

Heathrow, Florida 32746

(City/State and Zip code)

For further information concerning this matter, please call:

Thomas J. Pennison, Jr.

(Name of Person)

at (407) 333-7440

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 &
Certified Copy

☒ \$87.50 Filing Fee,
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. Ruth's Chris Steak House Franchise, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Louisiana 3. 72-1060613
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 30, 1985 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. N/A
(Principal office address)
500 International Parkway, Suite #100, Heathrow, Florida 32746
(Current mailing address)

8. Administrative/Overhead Support
(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 NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

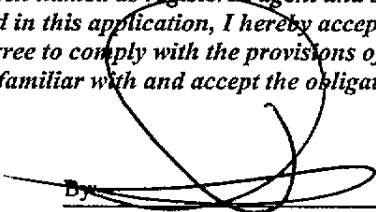
Plantation, Florida 33324
(City) (Zip code)

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.

C T Corporation System

PETER F. SOUZA
REGISTERED AGENT

By 

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

A. DIRECTORS

Chairman: Craig S. Miller, President and Chief Executive Officer

Address: 500 International Parkway, Suite #100
Heathrow, Florida 32746

Vice Chairman: Thomas J. Pennison, Jr., Senior Vice President and Chief Financial Officer

Address: 500 International Parkway, Suite #100
Heathrow, Florida 32746

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: Craig S. Miller, President and Chief Executive Officer

Address: 500 International Parkway, Suite #100
Heathrow, Florida 32746

Vice President: Thomas J. Pennison, Jr., Senior Vice President and Chief Financial Officer

Address: 500 International Parkway, Suite #100
Heathrow, Florida 32746

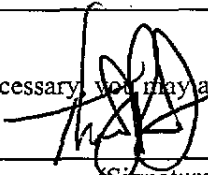
Secretary: Thomas J. Pennison, Jr., Senior Vice President and Chief Financial Officer

Address: 500 International Parkway, Suite #100, Heathrow, Florida 32746

Treasurer: _____

Address: _____

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Thomas J. Pennison, Jr.
(Typed or printed name and capacity of person signing application)

United States of America
State of Louisiana



As Secretary of State, Al Ater, I do hereby Certify that

RUTH'S CHRIS STEAK HOUSE FRANCHISE, INC.

A corporation domiciled in METAIRIE, LOUISIANA,

Filed charter and qualified to do business in this State on
July 30, 1985,

I further certify that the records of this Office indicate
the corporation has paid all fees due the Secretary of
State, and so far as the Office of the Secretary of State is
concerned is in good standing and is authorized to do
business in this State.

I further certify that this Certificate is not intended to
reflect the financial condition of this corporation since
this information is not available from the records of this
Office.

In testimony whereof, I have hereunto set
My hand and caused the Seal of my Office
To be affixed at the City of Baton Rouge on,
February 15, 2006

Secretary of State
34182261D



Certificate ID: 20060215006521

To validate this certificate, visit the following web site,
go to **Commercial Division, Validate Certificate**, then
follow the instructions displayed.
www.sos.louisiana.gov

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