

7  
F06000067826

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000299812 3)))



H060002998123ABC4

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5926

FILED  
2006 DEC 21 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Fazoli's Group, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. Bureh DEC 22 2006

# 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. FAZOLI'S GROUP, INC.

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

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

## 2. Delaware

(State or country under the law of which it is incorporated)

## 3. 20-5593089

(FEI number, if applicable)

## 4. 09/18/2006

(Date of incorporation)

## 5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

## 6. 10/19/2006

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

## 7. 5200 Town Center Circle, Suite 470, Boca Raton, FL 33486

(Principal office address)

same

(Current mailing address)

## 8.

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

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.

CT Corporation System

By:

Carol Record

(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.

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

FILED

2006 DEC 21 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
 2006 DEC 21 PM 2:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**A. DIRECTORS SEE ATTACHMENT**

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

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

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_**B. OFFICERS**President: Robert WeissmullerAddress: 2470 Palumbo DriveLexington, KY 40509

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_Secretary: M. Elizabeth MooreAddress: 2470 Palumbo Drive, Lexington, KY 40509Treasurer: David SmithAddress: 2470 Palumbo Drive, Lexington, KY 40509**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. David Smith, Treasurer

(Typed or printed name and capacity of person signing application)

FILED

2006 DEC 21 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**Attachment to Florida  
Officers & Directors**

- 1    **Full Name:** Michael Gillen  
     **Officer/Director:** Director  
     **Officer's Title:**  
     **Director's Title:** Director  
     **Business Address:** 5200 Town Center Circle, Suite 470  
     **City:** Boca Raton  
     **State:** FL  
     **ZIP Code:** 33486
- 2    **Full Name:** Douglas Werking  
     **Officer/Director:** Director  
     **Officer's Title:**  
     **Director's Title:** Director  
     **Business Address:** 5200 Town Center Circle, Suite 470  
     **City:** Boca Raton  
     **State:** FL  
     **ZIP Code:** 33486
- 3    **Full Name:** Robert Weismueller  
     **Officer/Director:** Director  
     **Officer's Title:**  
     **Director's Title:** Director  
     **Business Address:** 2470 Palumbo Drive  
     **City:** Lexington  
     **State:** KY  
     **ZIP Code:** 40509

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FAEOLI'S GROUP, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF DECEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED

2006 DEC 21 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4221299 8300

061171612



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5298294

DATE: 12-20-06