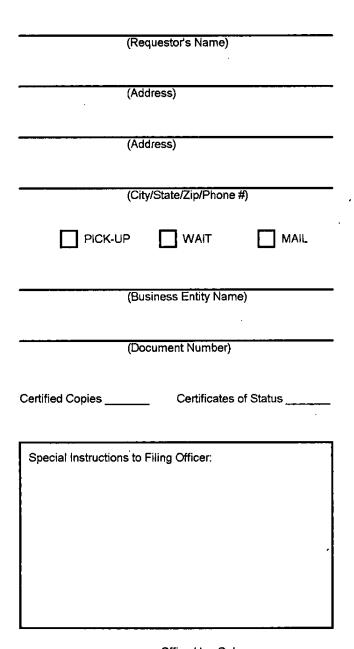
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ECHETION OF STATE.

J. Shivers MAR 0 8 2013

TO: New Filing Sect Division of Corp							
•	ty Dining, Inc.						
SUBJECT:	Name of corpor	ration - must in	iclude suffix				
Dear Sir or Madam:							
"Certificate of Existence	on by Foreign Corporatio e," or "Certificate of Good n corporation to transact b	d Standing" an	d check are sub			,	
Please return all corresp John C. Firth	ondence concerning this r	natter to the fo	ollowing:				
	Nair	ne of Person					
Quality Dining	, Inc.						
	Firm	/Company					
4220 Edison L	_akes Parkway						
		Address					
Mishawaka, IN	N 46545						
	City/St	tate and Zip co	ode				
		on@qdi.com					
	E-mail address: (to be i	used for future	annual report r	iotification)	18 18	3 MAR	
For further information	concerning this matter, ple	ease call:			新	20	
Judy Polston	at (57	<u>4</u> <u>243</u>	3-6334			-7 AHII:5	ř
Name of Person	1 /	Area Code & I	Daytime Teleph	one Number	STATE	H: 56	
STREET/COU New Filing Sect Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle		MAILING Al New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations	٠		
Enclosed is a check for	the following amount:						
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	S87.50 F	iling Fee ate of Sta		

Certified Copy

COVER LETTER

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.

	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"			
(If name unavai	lable in Florida, enter alternate corporate name	e adopted for the purpose of transacting busine	ess in Floric	la)	
_a Indiana ,		35-1804902			
(State or country	under the law of which it is incorporated)	which it is incorporated) (FEI number, if applicable)			
4. June 25,	June 25, 1990 _{5.} Perpetual				
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")			
_{6.} None pri	or to registration				
waterservende besiede beweite blede een de de een wilde is en blevervijn blede eelst en verde een de een de se		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)			
_{7.} 4220 Edis	son Lakes Parkway, Misha				
	(Principal office add	dress)	-		
4220 Edis	son Lakes Parkway, Mishaw	vaka, IN 46545		and a second	
	(Current mailing ad-	dress)			
S Operate restaurants and other legal business		<u> </u>	<u></u>		
(Purposet	s) of corporation authorized in home state or c	country to be carried out in state of Florida)	R	₹	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)			- 7		
Name:	CT Corporation System		E.S.		C
	1000 0 0' 7 1 1 1 1		ÄÄÄ	48 II: 56	
Office Address:	1200 S Pine Island Rd.	Application of the state of the	1>	∵ 1	
Office Address:	Plantation	, Florida _33324	1 >	0,	

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. 1 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.

James M. Halpin
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 business addresses of officers and/or directors:

	ECTORS			
	Daniel B. Fitzpatrick			
Address:	4220 Edison Lakes Parkway	· · · · · · · · · · · · · · · · · · ·		
	Mishawaka, IN 46545			
Vice Cha	nirman: N/A			
Address:				
Director:	John C. Firth			
Address:	1220 Edison Lakes Parkway			
	Mishawaka, IN 46545			
Director:	James K. Fitzpatrick			
Address:	4220 Edison Lakes Parkway			
	Mishawaka, IN 46545			
B. OFF	TICERS			
President	John C. Firth		<u>.</u>	
	4220 Edison Lakes Parkawy	P.C.	<u> </u>	
	Mishawaka, IN 46545	AG	MAR	<u>.</u>
Vice Pres	Gerald O. Fitzpatrick	<u> </u>	-7	
Address:	4220 Edison Lakes Parkway		<u> </u>	
	Mishawaka, IN 46545	RIDA NOA	: 56	
Secretary	, John C. Firth			
Address:	4220 Edison Lakes Parkway, Mishawaka, IN 46545			
Treasure	n: N/A			
Address:				
NOTE:	If necessary, you may attach an addendum to the application listing additional officers ar	nd/or director	S.	
	Signature of Director or Officer			
are true	cer or director signing this document (and who is listed in number 12 above) affirms that is and that he or she is aware that false information submitted in a document to the Departm legree felony as provided for in s.817.155, F.S.			
14 Jo	hn C. Firth, President			

Addendum

12. Names and business addresses of Directors (continued)

Gerald O. Fitzpatrick 4220 Edison Lakes Parkway Mishawaka, IN 46545

Ezra H. Friedlander 4220 Edison Lakes Parkway Mishawaka, IN 46545

William R. Schonsheck 4220 Edison Lakes Parkway Mishawaka, IN 46545

SECHELLER OF SIME

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

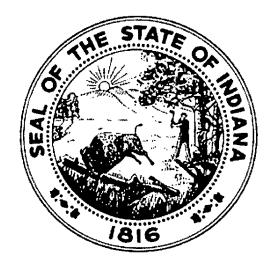
I further certify that records of this office disclose that

QUALITY DINING, INC.

of Indiana on the 25th 990, and

duly filed the requisite documents to commence business activities under the laws of State of Indiana on was in existence or authorized to transact business in the State of Indiana on March 05, 2013.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fifth Day of March, 2013.

Corrie Lawson

Connie Lawson, Secretary of State

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