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(((H13000088144 3)))



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To:

Division of Corporations

Please retain original filing

Fax Number

: (850)617-6381 date of submission 4/18

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

#### FOREIGN PROFIT/NONPROFIT CORPORATION NOODLES & COMPANY, Inc.

Certificate of Status	0
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HUSBN OF BUSINESS

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Corporate Filing Menu

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4/18/2013

850-617-6381

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April 19, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: NOODLES & COMPANY

REF: W13000023022

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The use of "and" OR "&" before the word COMPANY designates the word COMPANY as simple word, not a Corporate SUFFIX. Please add a Corporate suffix to the Name (ex. Company, INC., OR Company, CORP.)

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang Regulatory Spacialist II New Filing Section FAX Aud. #: H13000088144 Letter Number: 613A00009441

PLEASE NOTE: You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at www.sunbiz.org.

#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Noodles + Company, Inc.
SUBJECT: 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," or "Certificate of Good Standing" 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:
Name of Person  Nodles & Company  Pirm/Company
Name of Person
Noodles & Company
Firm/Company ·
520 Zang St., suited
Address
520 Zang St., Suite D  Address  Broomfield, CO 80001  City/State and Zip code
City/State and Zip code
KDELUCA UNDODLES. COM
B-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kim Deluca at 120, 214.1952
Kim Deluca at (120) 214.1952  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section  Division of Corporations  New Filing Section  Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\ \text{S78.75 Filing Fee & Gertified Copy} \\ \text{Certified Copy} \\ \text

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	odles + company	Inc.	ESS IN THE STATE OF FLORIDA.	
Inter name of c ne.," "Co.," "C	orporation; must include "INCORPC forp," "Inc," "Co," or "Corp,").	RATED," "CO!	MPANY," "CORPORATION,"	<del></del>
Noode	S + Company, a	Delause	d for the purpose of transacting business	in 972-2-1-2
Delat		-	H · 1303469	.ш ғюна)
	under the law of which it is incorpora		(FBI number, if applicable)	
12.19	· a 002	š. <b>₽</b>	erpetual	
(Date	of incorporation)		tion: Year corp. will couse to exist or "	perpetual")
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
			ia, if prior to registration)  S., to determine penalty liability)	
5a0 Z		<u> </u>		•
		office address)	IF TO BOOK	<del></del>
5a0 Z	ana st, str.D, e	roombe	ld, co 80021	
	(Current ma	illing address)		
#3lmman .	. Il anima si mate		<i>[</i>	
(Purpose(s	of corporation authorized in home	late or country to	be carried out in state of Florida)	Anone.
Name and stree	ot address of Florida registered ag	ent: (P.O. Box	NOT acceptable)	APR
			• ,	818
Name:	CT Corporation			2
fice Address:	1200 South Pi	ie Islai	nd Ra.	PH : 2
	Plantation		Florida 33324	### 1:2
	(City)		(Zip code)	6 E

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.

(Registered agent's signature)

James D. Martin Asst. Vice President

A. DIRECTORS please see attached	•	•
Chaliman:		<del></del> ,
Äddress:		<u> </u>
		<del></del>
Vice Chairman;		
Address:		_
· · · · · · · · · · · · · · · · · · ·	·	
Director:		
Address:		
Director:		
Address:		
P OFFICERS ALACA DAS A MACA A		
D. OFFICERS TRUE SEL WHILE UICH		•
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President:		DIVISION
President:	13 APR	SECRETARY ON ISIDN OF C
President:  Address:  Vice President:	13 APR	SECRETARY OF
President:  Address:  Vice President:	APR 18 FA 1	SECRETARY OF STATE
President:  Address:  Vice President:	13 APR	SECRETARY OF STATE
President:  Address:  Vice President:  Address:	APR 18 FA 1	SECRETARY OF STATE
President:  Address:  Vice President:  Address:  Secretary:  Address:	APR 18 FA 1	SEERE TARY OF STATE
Vice President:  Address:  Secretary:  Address:	APR 18 FA 1	SECRETARY OF STATE
President:  Address:  Vice President:  Address:  Secretary:  Address:  Treasurer:  Address:	13 APR 18 PM 1: 26	SECRETARY OF STATE
President:  Address:  Vice President:  Address:  Secretary:  Address:  Treasurer:  Address:  NOTE: If necessary, you may attach an addendum to the application listing:  13.	13 APR 18 PM 1: 26	SECRETARY OF STATE
President:  Address:  Vice President:  Address:  Secretary:  Address:  Treasurer:  Address:  NOTE: If necessary, you may attach an addendum to the application listing:  13.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12)	additional officers and/or directors.	
President:  Address:  Vice President:  Address:  Secretary:  Address:  Treasurer:  Address:  NOTE: If necessary, you may attach an addendum to the application listing:  Signature of Director or Officer	additional officers and/or directors.	

#### Noodles & Company

#### Officers:

Names	Title	Address:	Phone
Kevin Reddy	CEO	520 Zang Street, Suite D, Broomfield, CO 80021	720-214-1900
Keith Kinsey	President & COO	520 Zang Street, Suite D, Broomfield, CO 80021	720-214-1900
Paul Strasen	Executive Vice President & Secretary	520 Zang Street, Suite D, Broomfield, CO 80021	720-214-1900

#### Board of Directors

Name:	Address:	Phone
Kevin Reddy (Chairman)	520 Zang Street, Suite D, Broomfield, CO 80021	720-214-1900
James Rand	520 Zang Street, Suite D, Broomfield, CO 80021	720-214-1900
Keith Kinsey	520 Zang Street, Suite D, Broomfield, CO 80021	720-214-1900
Scott Dahnke	520 Zang Street, Suite D, Broomfield, CO 80021	720-214-1900
Andrew C. Taub	520 Zang Street, Suite D, Broomfield, CO 80021	720-214-1900
Stuart Frenkiel	520 Zang Street, Snite D. Broomfield, CO 80021	720-214-1900
Jim Pittman	520 Zang Street, Suite D. Broomfield, CO 80021	720-214-1900

# Delaware

DAGE: 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOODLES & COMPANY" 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 TWENTY-SECOND DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

SECRETARY OF STATE OILVISION OF GORPORATIONS

3596638 8300

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You may verify this certificate online

AUTHENTICATION: 0162287

DATE: 01-23-13