



THE UNITED STATES
CORPORATION
COMPANY

F99000004555

ACCOUNT NO. : 072100000032

REFERENCE : 346143 84041A

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 70.00

ORDER DATE : August 18, 1999

ORDER TIME : 2:09 PM

ORDER NO. : 346143-005

CUSTOMER NO: 84041A

000002976340--6

CUSTOMER: Ms. Norma Deguenther
Outback Steakhouse Of Florida,
Suite 200
550 North Reo Street
Tampa, FL 33609

FOREIGN FILINGS

NAME: PSL ENTERPRISES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

****FILE 1ST****

CONTACT PERSON: Tamara Odom

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP - 1 AM 10:53

RECEIVED
99 SEP - 1 PM 3:09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NYC
9/1/99

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP - 1 AM 10:53

I, the undersigned Pauline Levy, do hereby certify
(Name)

that this Resolution of the Board of Directors of PSL Enterprises, Inc.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Georgia,

was duly adopted on July 9, 19 99.

Be it resolved, that PSL Enterprises, Inc.,
(Corporate Name)

organized and existing in the State of Georgia, hereby adopts the name

LEVY Enterprises Inc. for use in Florida.

Dated: Aug 25, 1999

[Signature]
Signature of either Chairman, Vice Chairman or any officer

Pauline Levy President
Type of print name

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

FILED
STATE DEPT. OF STATE
DIVISION OF CORPORATIONS
SEP - 1 AM 10:53

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. PSL Enterprises, 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. 5/19/99 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. P.O. Box 30
Cumberland VA 23040
(Current mailing address)

8. any lawful business
(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: Joseph L. Kadow

Office Address: 550 N. Reo St, Ste 200

TAMPA FL 33609, Florida, 33609
(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.

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

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DIVISION OF CORPORATIONS
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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Pauline Levy
Address: ~~Route 2~~ Route 2 Box 26
Cumbe land VA 23040

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

Chairman / President: Pauline Levy
Address: ~~P.O. # 30~~ Route 2 Box 26
Cumbe land VA 23040

Vice President: _____

Address: _____

Secretary: Sidney Levy

Address: ~~P.O. # 30~~ Route 2 Box 26
Cumbe land VA 23040

Treasurer: _____

Address: _____

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

13. Pauline Levy Pres
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Pauline Levy, Chairman
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : K92310353
CONTROL NUMBER : K921384
DATE INC/AUTH/FILED: 05/19/1999
JURISDICTION : GEORGIA
PRINT DATE : 08/19/1999
FORM NUMBER : 211

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
66 SEP - 1 AM 10:53

CSC NETWORKS, INC.
ATTN: DAVID HOLCOMB
1201 HAYS ST
TALLAHASSEE, FL 32301

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

PSL ENTERPRISES, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 date issued. 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.



Cathy Cox

Cathy Cox
Secretary of State