

207000062818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JUL 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OUTBACK STEAKHOUSE OF FLORIDA, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA CUELLO

Name of Person

BLOOMIN' BRANDS, INC.

Firm/Company

2202 N. WEST SHORE BLVD - 5TH FLOOR

Address

TAMPA, FLORIDA 33607

City/State and Zip Code

SANDRACUELLO@BLOOMINBRANDS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA CUELLO

Name of Person

at (813)

Area Code

8304438

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: OUTBACK STEAKHOUSE OF FLORIDA, LLC

SECOND: The Florida Document Number of the limited liability company is: L07000062818

THIRD: The street address of the limited liability company's principal office is:

2202 N. WEST SHORE BLVD. TAMPA, FL 33607

FIFTH FLOOR - LEGAL DEPARTMENT

The mailing address of the limited liability company's principal office is:

2202 N. WEST SHORE BLVD. TAMPA, FL 33607

FIFTH FLOOR - LEGAL DEPARTMENT

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

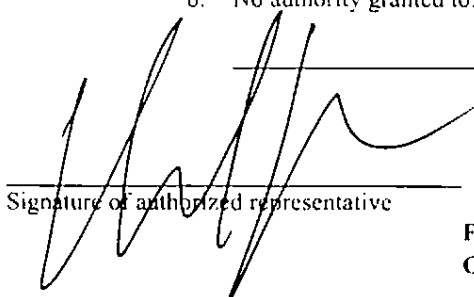
a. Granted to: JOSEPH J. KADOW

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: JOSEPH J. KADOW

b. No authority granted to: N/A


Signature of authorized representative

DAVID J. DENO

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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