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TRANSMITTAL LETTER

	IKAMSW	RETALLER	
TO: Registration Section			
Division of Corporation	ns		
SUBJECT: Summerfield Soni			
	(Name of Limi	ted Liability Company)	
	nce, and check are su	bility Company for Authorization bmitted to register the above rel	
Please return all corresponden	ce concerning this m	atter to the following:	
	Jay Bequette		
-		ne of Person)	
			TAL
Bequette & Billingsle	ay, P.A.		
	_ 	m/Company)	MASS -4
		_	SSS
425 West Capitol Av	venue. Suite 3200		
		(Address)	SEE. I
		,	1: 51 LORN
Little Rock, A	AR 72201-3469		÷,
		ate and Zip Code)	
For further information concer	rning this matter, plea	ase call:	
Jay Bequette or Margo S	Sadler .	_at (501) 374-1107	
(Name o	of Person)	(Area Code & Daytime Tel	lephone Number)
STREET ADDRESS:		MAILING ADDRES	S:
Registration Section		Registration Section	•
Division of Corporations Division of Corporation		ns	
409 E. Gaines Street P.O. Box 6327			
Tallahassee, Florida 32	1399	Tallahassee, Florida 32	2314
Enclosed is a check for the fol	lowing amount:		
☑ \$125.00 Filing Fee □	3 \$130.00 Filing Fee & Certificate of	•	0.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. Summerfield	Name of Foreign L	imited Lis	shility Co	ompany)				
	(Maine of Foreign L.	mmca Da	willy co	impuny)				
Arkansas (Jurisdiction u company is or	under the law of which foreign limited lia	3. ability		(FEI:	umber, if ap	plicable)		
4. July 27, 200)4	5.	2054		· · · · · · · · · · · · · · · · · · ·			
	(Date of Organization)		(Durat exist o	tion: Year lin or "perpetual"	nited liability ')	company wil	cease	to
6. anticipated	date August 31, 2004							
	(Date first transacted busine (See sections 608.501 & 608.	ss in Flor 502 F.S. t	ida, if pri o determ	or to registra ine penalty li	tion.) ability)			
7. 11211 SE 1	78th Place			<u></u>	<u></u>	<u></u>		
Summerfield	d, FL 34491					ZE.	유	
	(Street /	Address o	f Principa	al Office)		<u> </u>	AUG	-
8. If limited l	iability company is a manager-ma	anaged c	ompan	y, check he	re 🗸	HASSI	મ- ગ્ર	* # ***********************************
9. The name	and usual business addresses of th	ne mana _l	ging me	mbers or n	nanagers ar	e as follow	s: ፷	
Dennis Por	rter		<u> </u>			<u> </u>	_ 	
263 Lakevi	iew Road		···	<u></u>	· · · · · · · · · · · · · · · · · · ·	<u>D</u> .		
Edgemont,	AR 72044			·	<u>.</u>			
the jurisdiction un	n original certificate of existence, no more nder the law of which it is organized. (A p certificate under oath of the translator mus	hotocopy	is not acc	aly authentica eptable. If the	ted by the offic ecertificate is i	cial having cu n a foreign la	stody of nguage,	frecords ir , a
11. Nature of	business or purposes to be condu	icted or	promote	ed in Floric	la: to own a	and operate		
restaurants	and to engage in any other activities	reasona	bly relat	ed to that p	irpose.			
		And						
	Signature of a member of	r an autl	norized	representa	tive of a me	mber.		
	(In accordance with section 608.					itutes		
	an affirmation under the penaltic Dennis Porter	es or heilm	្រំពេលក	incis stateu ir	20m வ ச நம டி)			
	Typed or	printed	name o	f signee	,	•		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

FLORIDA.			

Summerfield Sonic 11 C		

1. The name of the Limited Liability Company is:

2. The name and the Florida street address of the registered agent and office are:

Chad Jarvis		200
	(Name)	
6025 SW 250 St	reet	
Flor	ida Street Address (P.O. Box NOT ACCEPTABLE)	OFFICE TO
Newberry	FL 32669	7.63
	City/State/Zip	35

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Arkansas Secretary of State Charlie Daniels

State Capitol Building + Little Rock, Arkansas 72201-1094 + 501.682.3409

CERTIFICATE OF GOOD STANDING

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

SUMMERFIELD SONIC, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office July 27, 2004.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 29th day of July 2004.

Charlie Daniels Secretary of State

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