PAGE 01/05

Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H050000318023)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations
Fax Number : (850)205-0383

From:
O Account Name : C.T. CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

FOREIGN LIMITED LIABILITY COMPANY

192BP, LLC

* **		Certificat Certified Page Cou Estimated	nt	0 0 -05.4 \$125.00	2005 FEB -7 / SECRETARY OF TALLAHASSEE.
Name Availabili ty		Estimate	i Charge	3125.00	ARY O
Document Examiner	ronic.	Wind Wash	Qosquirite Filips	Rubh	
	?			•	·
ras intre asit	DCC				
. ≥. verify er https://ef	UCC ile.sunbi	z.org/scripts/efilcov	r.exe		2/7/2005

02/07/2005 16:20 18502229428 CTCDRPORATIONSYSTEM

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

IN COMPLIANCE WITH SECTION 603.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

192BP, LLC		
1	(Name of	Torcign limited hability company)
Kansas		3. 11-3741997
(Jurisdiction u	inder the law of which foreign limited foreign with company is organized)	iability (FEI mumber, if applicable)
January 19,	2005	5. Perpetual
·	(Date of Organization)	(Duration: Year limited liability company will coase to exist or "perpetual")
Upon qualifi	cation	
' 	(Date first transacted business in Flor	ida. (See sections 608.501, 608.502, and 817.153, F.S.)
10955 Grana	rda	71 Y
Overland Pa	rk, KS 66211	
	(Sizeo	t address of principal office)
If limited li	iability company is a manager-m	anaged company, check here
		34 ·
The name a	and usual business addresses of t	he managing members or managers are as follows:
Robert S. Ci	uder, Manager	<u> </u>
10955 Grant	ads	V.
Overland Par	rk, K\$ 66211	
		A S TO
		LC 5
		re than 90 days old, duly authonticated by the official having pustors of record. (A photocopy is not acceptable. If the certificate is in a foreign langu
	of the certificate under oath of the	
		m _O
. Nature of	business or purposes to be condu	scied or promoted in Florida: Restaurant services
	D .,	95 *
	<u> </u>	en)
	(In accordance with section 608.	Tan authorized representative of a member. 403(3), F.S., the exception of this document constitutes are of perjury that the facts stated herein are total)
	Robert S. Cutter	
	Typed or	printed name of signee

1

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATULES,

bility company at the place designated in this certificate, I hereby accept the appointment as istered agent and agree to act in this capacity. I further agree to comply with the provisions of all tutes relating to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 608, F.S.		CORDA.		·	CE AND REGIST	ERED AG	ENT IN TH
CT Corporation System (Name) 6/0 CT Corporation System, 1200 South Pine Island Road Plorida street address (P.O. Box NOT ACCEPTABLE) Plantation, FL 33324 (City/State/Zip) Plantation as registered agent and to accept service of process for the above stated limited will be company at the place designated in this certificate, I hereby accept the appointment as istered agent and agree to act in this capacity. I further agree to comply with the provisions of all tutes relating to the proper and complete performance of my duties, and I am familiar with and apt the obligations of my position as registered agent as provided for in Chapter 608, F.S.	2BP, LLC						
CT Corporation System (Name) c/o CT Corporation System, 1200 South Pine Island Road Plorida street address (P.O. Box NOT ACCEPTABLE) Plantation, FL 33324 (Ciry/State/Zip) ing been named as registered agent and to accept service of process for the above stated limited litry company at the place designated in this certificate, I hereby accept the appointment as stered agent and agree to act in this capacity. I further agree to comply with the provisions of all these relating to the proper and complete performance of my duties, and I am familiar with and upt the obligations of my position as registered agent as provided for in Chapter 608, F.S.	The name:	and the Floride str	ed addrace	of the registers	d grant and offic	20. 474	
(Name) c/o C T Corporation System, 1200 South Pine Island Road Plotida street address (P.O. Box NOT ACCEPTABLE) Plantation, FL 33324 (City/State/Zip) ving been named as registered agent and to accept service of process for the above stated limited vility company at the place designated in this cartificate, I hereby accept the appointment as istered agent and agree to act in this capacity. I further agree to comply with the provisions of all utes relating to the proper and complete performance of my duties, and I am familiar with and apt the obligations of my position as registered agent as provided for in Chapter 608, F.S. E.T. Corporation System	* 114 Jun 140 .	NAME OF STATE OF	tor accretions	Or the telephane	er agent and offic	, care.	
C/o C T Corporation System, 1200 South Pine Island Road Plosida street address (P.O. Box NOT ACCEPTABLE) Plantation, FL 33324 (City/State/Zip) ving been named as registered agent and to accept service of process for the above stated limited polity company at the place designated in this cartificate, I hereby accept the appointment as istered agent and agree to act in this capacity. I further agree to comply with the provisions of all sutes relating to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 608, F.S.			CT	Corporation System	m		
Plantation, FL 33324 (City/State/Zip) ving been named as registered agent and to accept service of process for the above stated limited bility company at the place designated in this certificate, I hereby accept the appointment as istered agent and agree to act in this capacity. I further agree to comply with the provisions of all tutes relating to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 608, F.S.				(Name)			-
Plantation, Plantation, Plantation, Plantation, Plantation, (City/State/Zip) The place designated in this cartificate, I hereby accept the above stated limited bility company at the place designated in this cartificate, I hereby accept the appointment as ristered agent and agree to act in this capacity. I further agree to comply with the provisions of all tutes relating to the proper and complete performance of my duties, and I am familiar with and capt the obligations of my position as registered agent as provided for in Chapter 608, F.S.					•		
Plantation, FL 33324 (Ciry/State/Zip) Eving been named as registered agent and to accept service of process for the above stated limited bility company at the place designated in this cartificate, I hereby accept the appointment as sistered agent and agree to act in this capacity. I further agree to comply with the provisions of all tutes relating to the proper and complete performance of my duties, and I am familiar with and capt the obligations of my position as registered agent as provided for in Chapter 608, F.S.							
Plantation, FL 33324 (Ciry/State/Zip) trying been named as registered agent and to accept service of process for the above stated limited bility company at the place designated in this certificate, I hereby accept the appointment as sistered agent and agree to act in this capacity. I further agree to comply with the provisions of all tutes relating to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 608, F.S.		F(OS.	ier beidet ver	•	TT ACCELIABLE)		
(City/Swie/Zip) aving been named as registered agent and to accept service of process for the above stated limited shifty company at the place designated in this certificate, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisions of all states relating to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 608, F.S.		Piantation.	3"	Mar.	23274		
tving been named as registered agent and to accept service of process for the above stated limited bility company at the place designated in this certificate, I hereby accept the appointment as sistered agent and agree to act in this capacity. I further agree to comply with the provisions of all tutes relating to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 608, F.S.			((Iry/State/Zim)			, •
	I	imed as repistered	agent and	to accept servic	e of process for t	ie appointm	ient as
	ility compa istered agen utes relating	ny at the place desi it and agree to act i 3 to the proper and	in this cape complete p ion as regis rstem COR	icity. I further of a	agree to comply way duties, and I overvided for in C	am familiar	visions of all with and

Kansas Online Business Entity Search

Page 1 of 1

STATE OF KANSAS OFFICE OF SECRETARY OF STATE RON THORNBURGH

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that, according to the records of this office,

192BP, LLC

KANSAS LIMITED LIABILITY COMPANY Business Entity ID Number: 3732948

was filed in this office on January 19, 2005 and has compiled with the applicable provisions of the laws of the State of Kansas and on this date is in good standing and authorized to transact business or to conduct its affairs within this state.

Dated: 02/07/2005

For Validation:

Certificate ID: 26529

To validate this certificate, visit the following web site, enter this certificate ID, then follow the instructions displayed.

https://www.accesskansas.org/businessentity/validate.htm



RON THORNBURGH SECRETARY OF STATE

2005 FEB - 1 A &
SECRETARY OF STATE
TAIL AHASSEE, FLOR

٦, ١

https://www.accesskansas.org/businessentity/certificate.html