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T. Brumbley APR 1 1 2005

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: SDI of Apollo Beach, LLC					
(Name of Limited Liability Company)					
(2)					
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please return all correspondence concerning this matter to the following:					
Sharon Clark					
(Name of Person)					
Brunini, Grantham, Grower & Hewes, PLLC					
(Firm/Company)					
Post Office Drawer 119					
Post Office Drawer 119  (Address)					
Jackson, MS 39205					
Post Office Drawer 119  (Address)  Jackson, MS 39205  (City/State and Zip Code)					
For further information concerning this matter, please call:					
Sharon Clark at ( 601 ) 973-8706					
(Name of Person) (Area Code & Daytime Telephone Number)					
STREET ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section					
Division of Corporations Division of Corporations					
409 E. Gaines Street P.O. Box 6327					
Tallahassee, Florida 32399 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:					
☐ \$125.00 Filing Fee					

### 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:

3 SDI of Apollo Beach, LLC						
(Name of foreign limited liability company)						
2. Mississippi  (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)						
4. February 28, 2005 (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")						
6. (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)						
7. 425 Christine Drive						
Ridgeland, MS 39157						
(Street address of principal office)						
8. If limited liability company is a manager-managed company, check here						
9. The name and usual business addresses of the managing members or managers are as follows: S						
Ronald G. McClain, Post Office Box 2128, Ridgeland, MS 39158						
Rohald G. McCialit, Post Office Box 2128, Nidgeland, MS 39138						
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)						
11. Nature of business or purposes to be conducted or promoted in Florida: own and operate						
restaurants						
Ronald & M? Clan						
Signature of a member or an authorized representative of a member. (In accordance with section 608,408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)						
Ronald McClain						
Typed or printed name of 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.

1. The name	of the Limited Liability C	Company is:		
SDI of Apo	llo Beach, LLC			
2. The name	and the Florida street add	ress of the registered agent and	office are:	
	Curtis Hare			
		(Name)		五年 3
	2721 Huntington A	venue		長島町
	Florida stre	et address (P.O. Box <u>NOT</u> ACCEPTAB	LE)	3 品
	Sarasota	FI. 34232		05 MER -8 MILLS 10 ME SELLEN SELLEN
	· · · · · · · · · · · · · · · · · · ·	(City/State/Zip)		· (
liability compo registered age fatutes relații	any at the place designate ent and agree to act in this ng fo the proper and comp	and to accept service of process d in this certificate, I hereby acc capacity. I further agree to con lete performance of my duties, a registered agent as provided for	cept the appoints uply with the pr and I am familia	stated limited ment as vovisions of all ar with and

\$ 100,00
Filing Fee for Application
\$ 25.00
Designation of Registered Agent
\$ 30.00
Certified Copy (optional)
\$ 5.00
Certificate of Status (optional)

## State of Mississippi

#### Office of the Secretary of State Eric Clark, Secretary of State Jackson, Mississippi

#### CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

SDI OF APOLLO BEACH, LLC

Formed February 28, 2005

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

425 CHRISTINE DRIVE P.O. BOX 2128 RIDGELAND MS 39158

and that the registered agent at that address is:

MCCLAIN, RONALD G.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

ABY OFFICIAL SOLUTION OF MICE.

Given under my hand and seal of office March 11, 2005

Tie Clark

ERIC CLARK Secretary of State

Certification Number: 7010571-1 Page 1 of 1 Reference: Sharon Clark - NHM Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify