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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations							
SUBJECT: CORDOVA RESTAU	RANT PARK, L.L.C.						
33 - 3 - 3	ted Liability Company)						
The enclosed "Application by Foreign Limited Liab Florida," Certificate of Existence, and check are subliability company to transact business in Florida	omitted to register the above referenced foreign						
Please return all correspondence concerning this ma	tuer to the following.						
PAMELA	A G. JOHNSTON						
(Name of Person)							
PARTRIDGE, SMITH, P.C.							
(Firm/Company)							
	BOX 81429 Address)						
МОВІІ	LE, AL 36689						
(City/State and Zip Code)							
For further information concerning this matter, plea	LC BS	-11					
PAMELA G. JOHNSTON	_ at (	i i					
(Name of Person)	(Area Code & Daytime Telephone Number						
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	· · · · · · · ·					
Enclosed is a check for the following amount:							

**ℤ** \$125.00 Filing Fee

□ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

Certificate of Status Certified Copy 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:

CORDOVA RESTAURANT PARK, L.L.C. (Name of Foreign Limited	Liabili	ty Company)		•	
ALABAMA		20-0550466			
urisdiction under the law of which foreign limited liability impany is organized)	3		mber, if ap	plicable)	
JANUARY 2, 2004	_	IANIHADV 2 240	24		
(Date of Organization)	5(I	JANUARY 2, 210 Duration: Year limi kist or "perpetual")		company v	will cease t
UPON QUALIFICATION					
(Date first transacted business in F (See sections 608.501 & 608.502 F.	lorida, S. to de	if prior to registration termine penalty liab	on.) oility)		
3290 DAUPHIN STREET, SUITE 600					
MOBILE, AL 36606					
(Street Addres	s of Pri	ncipal Office)			
The name and usual business addresses of the ma	naging	pany, check here		e as follo	ws:
G.B. SAAD	naging			e as follo	ows:
	naging			e as follo	2005 HAY
3290 DAUPHIN STREET, SUITE 600	) days of ppy is no omitted.)	d, duly authenticated	anagers are	TALLAHASSEVIED TATE	2005 NAY 3 custody of inguage, a 22
G.B. SAAD  3290 DAUPHIN STREET, SUITE 600  MOBILE, AL 36606  Attached is an original certificate of existence, no more than 90 jurisdiction under the law of which it is organized. (A photocostation of the certificate under oath of the translator must be sufficient to the suit of the translator must be sufficient to the suit of the translator must be sufficient to the suit of the translator must be sufficient to the suit of the translator must be sufficient to the suit of the translator must be sufficient to the suit of the translator must be sufficient to the suit of the translator must be sufficient to the suit of the translator must be sufficient to the suit of the su	) days of ppy is no omitted.)	d, duly authenticated	anagers are	SECRETARY SERVING TAIL AHAS SEVEN TO A GOTTON TO AGE IN T	2005 NAY 3 custody of inguage, a 22

### 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 o	f the Limited Liability Compan	ny is:		
Cordova Restaura	nt Park, LLC			
2. The name a	nd the Florida street address of	f the registered a	gent and office are:	
	сто	Corporation System		
		(Name)		
	1200 S	outh Pine Island Ro	ad ·	
	Florida Street Addre	ess (P.O. Box NOT	ACCEPTABLE)	
	Plantation	_FL .	33324	<u></u>
		City/State/Zip		
liability comparagent and agree relating to the p	med as registered agent and to ny at the place designated in this to act in this capacity. I furthe proper and complete performan ny position as registered agent of CT Corporation System (Signature)	s certificate, I he er agree to comp ce of my duties, a	reby accept the appo ly with the provision and I am familiar wit	onthient as registered s of all statutes the grid accept the
	Shelley Savage Vice President			
	\$ 100.00	Filing Fee for A	Application	

\$ 25.00 Designation of Registered Agent **Certified Copy (optional)** 

Certificate of Status (optional)

\$ 30.00

5.00

## STATE OF ALABAMA

I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Cordova Restaurant Park, L.L.C. organized in the office of the Judge of Probate of Mobile County on January 2, 2004. I further certify that the records do not disclose that said Cordova Restaurant Park, L.L.C. has been dissolved.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

ABANA A HOUSE AT SER

May 20, 2005

Date

Nancy L. Worley Se

Secretary of State