M0500005917		
(Requestor's Name) (Address) (Address)	700060658367	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	SLUEE ANY OF STATE FALLAHASSEE, FLORIDA	

Special Instructions to Filing Officer:



Office Use Only

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CORPORATION SERVICE COMPANY [.]	ACCOUNT NO.	: 07210000032	
	REFERENCE	662416 · 7239244	
	AUTHORIZATION	tatricia typite	95 M
	COST LIMIT	: \$ 125.00	ALCE ON A
ORDER DATE :	October 20, 2005		S. F. S.
ORDER TIME :	11:45 AM		TONE ST

ORDER NO. : 662416-015

CUSTOMER NO: 7239244

FOREIGN FILINGS

NAME: CHECKERS MICHIGAN LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

	CERTIFIED CO	ЭРҮ	
XX	PLAIN STAMP	ED COPY	
	CERTIFICATE	OF GOOD	STANDING

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER:

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

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	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER & FOREIGN MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	CHECKERS MICHIGAN LLC (Name of Foreign Limited Liability Company)
2	JELAWARE 33333
4.	(Date of Organization) (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6.	N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	5901 BROKEN SOUND PARKWAY NW SUITE 310
	<u>BOCA RATON, FC 33487</u> (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:
	Robert Alrod
	5901 Broken Sound Parkway, NW, Suite 310
	Boca Raton, FL 33487

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:

CORPORATE OFFICE QUICK SERVICE RESTAURANTS	
GALV II	<u> </u>
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.)	
ROBERT ALROD	
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 Company is:

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

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

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.

Corporation Setvice Company By: (Sighature)

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- **\$ 5.00** Certificate of Status (optional)



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHECKERS MICHIGAN LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF OCTOBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHECKERS MICHIGAN LLC" WAS FORMED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2005.



4048120 8300

DATE: 10-20-05

Variet Smith Hindson

AUTHENTICATION: 4239137

Harriet Smith Windsor, Secretary of State

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