# MOW00003519

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
·
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operationation to Fining Sheet.
WD6-26997
WWW VIII

Office Use Only



300075737253

06/09/06--01027--017 \*\*100.00

06/23/06--01040--008 \*\*25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

2006 1114 23 PM 2: 28





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2006

MICHAEL WEBB 1903 STANLEY GAULT PARKWAY LOUISVILLE, KY 40223

SUBJECT: RESTAURANT SERVICE SOLUTIONS, LLC

Ref. Number: W06000026997

We have received your document for RESTAURANT SERVICE SOLUTIONS, LLC and check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist Letter Number: 906A00040172

SECRETARY OF STATE OF STATE OF CORPORATIONS 2006 JUN 23 PM 2: 28

#### **COVER LETTER**

_	stration Section sion of Corporations		
SUBJECT:	Restaurant Service Solutions, I	LLC	
	(Na	ame of Limited Liability Company)	
Florida," Cer	d "Application by Foreign I rtificate of Existence, and o pany to transact business in	Limited Liability Company for Authorization to Transact check are submitted to register the above referenced foreign Florida	Business in gn limited
Please return	all correspondence concer	rning this matter to the following:	
	Michael Webb		
		(Name of Person)	200 DIV
	Restaurant Service Solutions,	LLC .	SECRETARY DIVISION OF CO.
		(Firm/Company)	
	1903 Stanley Gault Parkway		OF STATE PORATION:
		(Address)	<b>28</b>
	Louisville, KY 40223		
		(City/State and Zip Code)	
For further is	nformation concerning this	s matter, please call:	
Mich	nael Webb	_ at ( <sup>502</sup> ) <sup>254-7130</sup>	
<del></del>	(Name of Person		per)
MAI	ILING ADDRESS:	STREET ADDRESS:	
Divis	sion of Corporations	Division of Corporations	
	Box 6327	Clifton Building	
Talla	shassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	a check for the following a 25.00 Filing Fee \$130.00	Filing Fee & \$\square\$ \$\\$155.00 \text{ Filing Fee & \$\square\$ \$\\$160.00 \text{ Filing Fee,}	Certificate c Certified Copy

į,

## 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:

	(Name of Foreign l	Limited Liability Company)	
Kentucky		3. 20-0883623	
(Jurisdiction unde company is organ	r the law of which foreign limited l ized)	iability (FEI number, if applica	ble)
10/13/2003		5. Perpetual	
(D	ate of Organization)	(Duration: Year limited liability comexist or "perpetual")	pany will cease to
		• •	2006
	(Date first transacted busin	ess in Florida, if prior to registration.) .502 F.S. to determine penalty liability)	
1000 5 1 5	•	.502 1 .5. to determine penalty manney/	JUN 23
1903 Stanley Gar	alt Parkway		<u> </u>
Louisville, KY			
	(Street	Address of Principal Office)	2:
If limited liab	ility company is a manager-m	anaged company, check here	28
The name and	lucual husiness addresses of i	he managing members or managers are as	follows
		no more than 90 days old, duly authenticated by of which it is organized. (A photocopy is not a	
		rtificate under oath of the translator must be	
l. Nature of bu	siness or purposes to be cond	ucted or promoted in Florida: Sell and repair	r electronic equi
	11/1		·
	Michael	e Well	·
	(In accordance with section 608	or an authorized representative of a memb 3.408(3), F.S., the execution of this document constitutes ies of perjury that the facts stated herein are true.)	
	(In accordance with section 608 an affirmation under the penals Michael Webb	3.408(3), F.S., the execution of this document constitute:	

## 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 Co	ompany is:	
Restaurant Service Solutions, LLC		
2. The name and the Florida street addr	ess of the registered agent and office are:	200 200
	C T Corporation System	SECRETAR DIVISION OF C 2006 JUN 23
	(Name)	N 23
1	200 South Pine Island Road	ORPO
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	STATE RATIO <b>2:2</b>
	Plantation, Florida 33324	TE TONS
	City/State/Zip	<del></del>

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.

By: Carol Decod, and Decod Carol Tiercard
Account Controller

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Current Partners/Restaurant Service Solutions, LLC

Current Partners	Restaurant Service	e Solutions, LLC		
	FIRST NAME	LAST NAME		RESIDENCE
. — —	Ulysses	Bridgeman, Jr		1903 Stanley
			{	Gualt Pkwy.
}	[	·	l .	Louisville, KY
				40223
	Troy	Hanke	]	1903 Stanley
			Ì	Gualt Pkwy.
	<b>[</b>		ł	Louisville, KY
				40223
	Michael	Webb		1903 Stanley
		1		Gualt Pkwy.
	Ì	ł .		Louisville, KY
				40223
1	Paul	Thompson	<u></u>	2025 West
				Southbranch
1				Blvd.
j				Oak Creek, WI
				53154 ~ .9

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## Commonwealth of Kentucky Trey Grayson Secretary of State

### **Certificate of Existence**

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

## RESTAURANT SERVICE SOLUTIONS, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is October 13, 2003.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 25th day of May, 2006.

Certificate Number: 31637

Jurisdiction: Restaurant Service Solutions, LLC

Visit http://apps.sos.ky.gov/business/obdb/certvalidate.aspx\_to validate the authenticity of this

certificate.



Taby

Trey Grayson Secretary of State Commonwealth of Kentucky 31637/0570029