# M0600003532

••• •	
(Requestor's Name)	
(Address)	
•	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	· · ·
Certified Copies Certificates of Status	
•	
Special Instructions to Filing Officer:	
_	
,	

Office Use Only



600076427336

06/22/06--01034--013 \*\*130.00

06 JUN 22 PH 4: 15
SECRETARY OF STATE

M. Compan JUN 2 3 2006

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

(Name of	Limited Liability Company)
	Liability Company for Authorization to Transact Business re submitted to register the above referenced foreign limited la
Please return all correspondence concerning the	is matter to the following:
Sharon Clark	
	(Name of Person)
Brunini, Grantham, Grov	ver & Hewes, PLLC
·	(Firm/Company)
Post Office Drawer 1	19
	(Address)
Jackson, MS 39205	
<u>-</u>	y/State and Zip Code)
For further information concerning this matter	, please call:
Sharon Clark	<sub>at (</sub> 601 <sub>)</sub> 973-8706
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
Tuliulu3500, LE 32317	Tallahassee, FL 32301
Enclosed is a check for the following amount:	ee & \$\Bigsim \\$155.00 \text{ Filing Fee & }\Bigsim \\$160.00 \text{ Filing Fee, Certificate}

### 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:

1.	SDI of Auburndale, LLC	
	(Name of Foreign Limited Liability Company)	
	Mississippi (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)	
4.	April 28, 2006  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")	
6.		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	425 Christine Drive	
	Ridgeland, MS 39157 名型 2	
	(Street Address of Principal Office)	m
8.	If limited liability company is a manager-managed company, check here	0
9.	The name and usual business addresses of the managing members or managers are as follows.	
	Ronald G. McClain, Post Office Box 2128, Ridgeland, MS 39158	·
16	). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco	anda in
	e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	JIGS III
	anslation of the certificate under oath of the translator must be submitted.)	
1	Nature of business or purposes to be conducted or promoted in Florida: own and operate	
	restaurants	
	Robert A. Clumber	
	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 D. Drinkwater, Authorized Representative

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.

l. The nam	e of the Limited Liability Compa	ny is:			
SDI of	Auburndale, LLC				
2. The nam	e and the Florida street address o	f the registered agent and office are	::		
	Curtis Hare		SECH TALL	06 JUN 22	
		(Name)	—— AAA	$\equiv$	П
	2721 Huntington Av		AKY O	22 PM	FILEU
ļ	Florida Street Addre	ess (P.O. Box <u>NOT</u> ACCEPTABLE)	FS	#:   <u> </u>	_
	Sarasota	FL 34232	ORID	: 16	
		City/State/Zip	7		
iability con igent and a relating to t	pany at the place designated in thi gree to act in this capacity. I furth he proper and complete performan	accept service of process for the abo is certificate, I hereby accept the app er agree to comply with the provision ce of my duties, and I am familiar wi as provided for in Chapter 608, Flori	ointment as registere ns of all statutes ith and accept the	e <b>d</b>	

\$ 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 AUBURNDALE, LLC

Formed April 28, 2006

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 PO 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.

Given under my hand and seal of office June 12, 2006

Tric Clark

ERIC CLARK Secretary of State

Certification Number: 8030614-1 Page 1 of 1 Reference: Sharon CLark - NHM Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify