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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SDI of Crystal River, L	
(Nar	ne of Limited Liability Company)
	imited Liability Company for Authorization to Transact Business in teck are submitted to register the above referenced foreign limited Florida
Please return all correspondence concern	ing this matter to the following:
•	7200 7AS
Sharon Clark	LEG J
	(Name of Person) Grower & Hewes, PLLC (Firm/Company)
Brunini, Grantham, Grower & Hewes, PLLC	
	(Firm/Company)
	Office of the second of the se
Post Office Draw	er 119
	(Address)
Jackson, MS 392	205
	(City/State and Zip Code)
For further information concerning this i	natter, please call:
Sharon Clark	_{at (} 601 ₎ 973-8706
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following am ☐ \$125.00 Filing Fee ☐ \$130.00 F	

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 Crystal River, 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.	June 12, 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 (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: Ronald G. McClain, Post Office Box 2128, Ridgeland, MS 39158						
	Trondid C. McCidin, 1 CSt Cilioc Box 2126, Magaidina, Mic Co 100					
the). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation 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					
	Rebert D. Wumhl					
	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.

SDI of Crystal River, LLC	2	
2. The name and the Florida street a	ddress of the registered agent and office are:	200 7A
Curtis Hare		2006 JUL SECRE TALLAT
	(Name)	ASS T
2721 Huntington Avenue		PH PH
Florida Street Address (P.O. Box NOT ACCEPTABLE)		3: STA
Sarasota	_{FL} 34232	TATE ORIGA
	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.

(Signature)

1. The name of the Limited Liability Company is:

\$ 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 CRYSTAL RIVER, LLC

Formed June 12, 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 21, 2006

Tric Clark

ERIC CLARK Secretary of State

Certification Number: 8056173-1 Page 1 of 1 Reference: fs Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify