# 06000004406

## Florida Department of State

Division of Corporations Public Access System

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

SDI of FL, LLC

Certificate of Status 0 Certified Copy 037) Page Count \$125.00 Estimated Charge

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7/28/2006

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July 31, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: SDI OF FLORIDA, LLC

REF: W06000033575

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheat?

The designation of the registered office and the registered agent, both the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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Marsha Thomas Document Specialist FAX Aud. #: H06000191645 Letter Number: 306A00047909

P.O BOX 6327-Tallahassee, Flonda 32314

## 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 I. SDI of FL, LLC (Name of Foreign Limited Liability Company) 3, 20-5030484 2 Oklahoma (Jurisdiction under the law of which foreign limited liability company is organized) ( FEI number, if applicable) 4. 6/13/2006 Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 P.S. to determine penalty liability) 7, 1220 South Santa Fe; Edmond, Oklahoma 73003 (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 James M. Burke, 1220 South Santa Fe; Edmond, Oklahoma 73003 Bradley L. Grow, 1220 South Santa Fe; Edmond, Oklahoma 73003 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 fixeten language, a translation of the certificate under outh of the translator must be salarifized.) Nature of business or purposes to be conducted or promoted in Florida: Restaurant Signature of a member or an authorized representative of a member. (In accordance with section 508.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are mue.) D. Keith McFall, authorized representative of Sole Member Restaurant Holdings, LLC

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.

I. The name of SD	the Limited Liability Company is:	·	_
2. The name an	d the Florida street address of the registered agen	it and office are:	
	C T Corporation System		
	(Name)	Z	ئ 90 -
	1200 South Pine Island Road Florids street address (P.O. Box NOT Acc	EPTABLE)	JUL 28
_	Plantation FL City/State/Zip	カ <sup>央</sup> 33324 25 第一	AH 8: 13
_	ned as registered agent and to accept service of pro- y at the place designated in this certificate, I hereby	4-	

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, F.S..

CONNIE BRYAN
SPECIAL ABBISTANT SECRETARY

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

#### OFFICE OF THE SECRETARY OF STATE



## CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that SDI OF FLLLC whose registered agent is MAXC TUFPEER, with its registered office at 204 N ROBINSON 25TH FL OKLAHOMA CITY 73102 USA Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>28th</u> day of <u>hely</u>, <u>2006</u>.

Secretary Of State