## Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000237599 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number 1 (650)878-5926

ORIDA/FOREIGN LIMITED LIABILITY CO.

Fazoli's Holding, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN SEP 2.7 2006

88\58\5002 18:51 8202224615

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

IN COMPLIANCE WITH SECTION GRUDE, PLOREDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A PORTEDY LIMITED LIMITED LABELTY COMPANY TO TRANSACT BUSINESS IN THE STATE OF KLOREDA:

azoifs Holdin		
	(Name of Foreign Limited	Liability Company)
Delaware		3. 20-5593164
combanh it calls prainted in calls	er the law of which threign limited lightlify more)	(FEI number, if applicable)
Soptember 18,		5 perpetual
- 0	ale of Organization)	(Donation: Your limited liability company will cease to each or "perpetual")
upon registratio	1	
	(Date first transacted buriness in F (See sections 606.50) & 608.502 P.I	lorids, if prior to registration.) I. to determine pensity Hability)
5200 Town Con	ur Drive, Suite 470, Bosa Raton, PL 33486	
Matthew C	arff, Sole Member	
	(Street Aridenes	a' Principal Ciffon)
If limited list	ility company is a manager-managed	company, check here
The name and	usual business addresses of the man	aging members or managers are as follows:
5200 Tours Co	ater Drive, Suite 470, Boos Rates, FL 3348	
		• • • • • • • • • • • • • • • • • • • •
·	· <del></del>	
Attached is an	riginal certificate of entistence, no more t	han 90 days old, duly authenticated by the official having
ody of records i	n the jurisdiction under the law of which	It is organized. (A photocopy is not acceptable, if the co
e foreign inc	guage, a translation of the certificate	under onth of the translator must be submitted.)
Nature of bus	iness or removes to be conducted on	promoted in Florida: any invital purpose
TARREST OF ONE	most or hurbones to be constituted or.	promotes at Plotica: any tawan purpose
•	•	
	. 1	\
		horidai semesse tetive of a member
	Signature of a member or en su	d the manufact of the Jones and constitutes
	(In accordance with section 504.408(3), P.	fl., the execution of this document constitutes
	(in accordance with socials 602.4020), P. an affirmation under the possible of early Dengles Westing, Authorized	fi., the immerion of this document constitutes ny fiet the facts stated homin are trooj

71,017 - 10000 C T Spotes Called



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

1. The name of	f the Limited Liability Company is:	
Fazoli's Holding, LLC		
2. The name ar	nd the Florida street address of the registered agent and office are:	
	C T Corporation System	
	(Name)	
	1200 South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation, Florida 33324	
	Ois Internation	

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 cartificate, 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.

C T Corporation System Jeffrey D. Butterfield **Assistant Secretary** 

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

PLAST - 9/20/05 C 7 Symbol Col

PAGE 03/04

FLORIDA.



PAGE 1

FILED STATIONS
SEON OF 26 AM 9: 14
08 SEP 26 AM 9: 14

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FAZOLI'S HOLDING, 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 TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FAZOLI'S HOLDING, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2006.

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

4221288 8300 060880533

Harriet Smith Windson, Secretary of States

AUTHENTICATION: 5065670

DATE: 09-25-06