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SECRETARY OF STATE
AND ASSFE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations

(Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Please return all correspondence concerning this matter to the following: ONSTANTINOS ALIMONO SERVIDE (Name of Person) (Name of Person) (Name of Person) (Firm/Company)
26133 US HIGHWAY 19 NOKTH S-31 (Address)
CLEARWATER F2 35763 (City/State and Zip Code)
For further information concerning this matter, please call:
Divide ALMONOS at 727 421-1753 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_{125.00 \text{ Filing Fee}} \sum_{130.00 \text{ Filing Fee}} \sum_{155.00 \text

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 LIMITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
LIMITED PABILITY COMPANY TO TRANSACT BOSINESS IN THE STATE OF FLORIDA:
1. (Name of Foreign Limited Liability Company)
NEVADA USA MI-DITISON
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4. <u>51112006</u> 5. <u>MA</u>
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. N\A
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
26133 IS HIGHWAY 19 NOLTHER \$5-311
OLECAL DATE A 33762 ED &
(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:
CARTA DE DE ALLICONE SALIC AS RESIG
CONSTANTINOS TILMONOS SAME TIS THORT
NICK ALMONOS SAME AS ABOVE
BESSIE KALAPATEGAS SAME AS ABOVE
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 foreign language, a
translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: HANCHSIN 6
ALOSDITA ITV
TOSK IT I
Justand Honory
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.)
CONSTANTINOS ALIMONOS
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.

1.	The name of the Limited Liability Company is:	
	Country Pizzer I'M EE &	
	HE O	
2.	The name and the Florida street address of the registered agent and office are	
	111 112 DOC - 000	
	(Name)	
	26133 US Huy 19 N. Suite 311	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Cleceructer, FL 33766	

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.

Nul Clei

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

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **COUNTRY PIZZA INN LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 11, 2006, and is in good standing in this state.

Electronic Certificate Certificate Number: C20061121-0995 You may verify this electronic certificate online at http://secretaryofstate.biz/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 21, 2006.

DEAN HELLER Secretary of State