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SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SDI of Cortez, LLC (Name of Limi	ted Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
Sharon Clark	
, (Nar	me of Person)
Brunini, Grantham, Grower	
(Fin	m/Company)
Post Office Drawer 119	HASS
((Address)
Jackson, MS 39205	GF STATE
(City/Sta	ate and Zip Code)
For further information concerning this matter, plea	ise call:
Sharon Clark	at (601) 973-8706
(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: ☐ \$125.00 Filing Fee	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

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 Cortez, LLC	· · · · · · · · · · · · · · · · · · ·
(Name of Foreign Limited	Liability Company)
2. Mississippi (Jurisdiction under the law of which foreign limited liability company is organized)	3 (FEI number, if applicable)
February 9, 2007 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6(Date first transacted business in F (See sections 608.501 & 608.502 F.	Plorida, if prior to registration.)
7. 425 Christine Drive	
Ridgeland, MS 39157	
(Street Addres	s of Principal Office)
8. If limited liability company is a manager-manage	
9. The name and usual business addresses of the ma	naging members or managers are as follows:
Ronald G. McClain, Post Office Box 2128,	, Ridgeland, MS 39158 🚆 🏯 🏋
	S 2: 5 RR 5
	,
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocotranslation of the certificate under eath of the translator must be suf-	
11. Nature of business or purposes to be conducted	or promoted in Florida: own and operate
restaurants	
Arbat U.	Vankel
(In accordance with section 608.408(3),	ruthorized representative of a member. F.S., the execution of this document constitutes beginning 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.

1. The name of the Limited Liability Con SDI of Cortez, LLC	npany is:	
2. The name and the Florida street address	s of the registered agent and office are:	07 SE(TALL
Curtis Hare		9- 07 FEB SECRETA
	(Name)	FEB 16 07 FEB 16 ECRETARY LLAHASSE
2721 Huntington Avenue		1111 cm -
Planida Street A	didress (P.O. Box NOT ACCEPTABLE)	9R 72:
Sarasota	FL 34232	50 TE
	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.

Curto HARE

\$ 100.00 Fiting Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.08 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 CORTEZ, LLC

Formed February 9, 2007

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 February 14, 2007

ric Clark

ERIC CLARK Secretary of State

Certification Number: 8767650-1 Page 1 of 1 Reference: SHARON CLARK Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify