Page 1 of 1



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.

(((H07000043763 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 : OUTBACK STEAKHOUSE

Account Number: 072731001666 (813) 282-1225 Phone

Fax Number : (813)281-2114

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### Blue Coral Designated Partner, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

. Electronic Filing Menu

Corporate Filing Menu

Help

#### COVER LETTER

COVERLETTER							
	stration Section ion of Corporations						
SUBJECT:	SUBJECT: Blue Coral Designated Partner, LLC						
	(Name of I	Limited Liability Company)					
Florida," Cer		Liability Company for Authorization to Transact Business in e submitted to register the above referenced foreign limited a					
Please return all correspondence concerning this matter to the following:							
٠,,	Ariane McQueen	estato e a reconstruir e estato e e estato e e e e e e e e e e e e e e e e e e e					
<b>"</b>		(Name of Person)					
	OSI Restaurant Partners, Inc						
		(Firm/Company)					
2202 N West Shore Blvd., 5th Floor							
		(Address)					
	Tampa, FL 33607						
	(City	/State and Zip Code)					
For further in	formation concerning this matter,	please call:					
Arian	e McQueen	at ( 813 ) 282-1225					
(Name of Person)		(Area Code & Daytime Telephone Number)					
MAILING ADDRESS:		STREET ADDRESS:					
Division of Corporations		Division of Corporations					
P.O. Box 6327		Clifton Building					
Tallah	assee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301					
	check for the following amount: .00 Filing Fee	& \$\Bigsis \$155.00 \text{ Filing Fee & \$\Bigsis \$160.00 \text{ Filing Fee, Certificate} \\ \text{cof Status Certified Copy of Status & Certified Copy} \]					

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Blue Coral Designated Partner, LLC				
•	(Name of Foreign Limited	Li	ability Company)		-
2. 1	Delaware	3	20-8475999		
	urisdiction under the law of which foreign limited liability ompany is organized)	•	( PEI number, if applicable)		-
4.	2/14/07	5.	Perpetual	•	
	(Date of Organization)		(Duration: Year limited liability company will exist or "perpetual")	cease to	
6.	n/a			1	
	(Date first transacted business in F (See sections 608.501 & 608.502 F.)	lor S. t	ida, if prior to registration.) o determine penalty liability)		_
7.	2202 N West Shore Blvd., 5th Floor, Tampa, I	FL	33607	- ,	,
		-			-
	(Street Address	s of	Principal Office)		<b>-</b>
3. :	f limited liability company is a manager-managed	ı c	ompany, check here	٠.,	
). '	The name and usual business addresses of the mar	nag	ing members or managers are as follows	:	
	Blue Coral Seafood and Spirits, LLC				_
	2202 N West Shore Blvd., 5th Floor, Tampa, FL	. 3	3607		
					•
				<del></del>	-
he ji rans	Attached is an original certificate of existence, no more than 90 trisdiction under the law of which it is organized. (A photocop lation of the certificate under cath of the translator must be sub	oy i mit	not acceptable. If the certificate is in a foreign langued.)	guage, a	xxds in
1.	Nature of business or purposes to be conducted or	r p	romoted in Florida: Full Service Restau	rants	•
-	/A/				•
		F.S.	Orized representative of a member. the execution of this document constitutes that the facts stated herein are true.)		٧E
			his Comi Seafood and Spiritz, LLC, sole Member	27	S
	Typed or printed	d n	ame of signee	1	Šź

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

UNDERSIGNI	ED LIMITED LIA		JBMITS THE FOLL	ORIDA STATUTES, THE OWING STATEMENT N THE STATE OF
1. The name o	f the Limited Liab	sility Company is:		,
Blue Coral	Designated Pa	artner, LLC		
2. The name a	nd the Florida stre	et address of the registe	red agent and office	are:
	Joseph J Kad	ow	110	
		(Name)	· · · · · · · · · · · · · · · · · · ·	
	2202 N West	Shore Blvd., 5th Fi	oor	
	Florid	ia Street Address (P.O. Box	NOT ACCEPTABLE)	
	Tampa	FL_	33607	
		City/State/	Zip	
liability compar agent and agree relating to the p	ny at the place desi to act in this cape proper and complet	agent and to accept serv. gnated in this certificate, acity. I further agree to c te performance of my dut lered agent as provided j	I hereby accept the comply with the provinces, and I am familia	appointment as registered sions of all statutes r with and accept the

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

# Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUE CORAL DESIGNATED PARTNER, 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 TWENTIETH DAY OF FEBRUARY, A.D. 2007.

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

070194089

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5445296

DATE: 02-20-07