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: OUTBACK STEAKHOUSE Account Name

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Pacific Designated Partner, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
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Electronic Filing Menu

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COVER LETTER

Divís	ion of Corporations Pacific Designated Partne (Na	er, LLC me of Limited Liability Company)			
Florida," Cer		imited Liability Company for Authorization to Transact I heck are submitted to register the above referenced foreig Florida			
Please return	all correspondence concern	ning this matter to the following:			
	Ariane McQueen				
		(Name of Person)			
	OSI Restaurant Partne	ers, Inc.	SEC 9751		
		(Firm/Company)			
	2202 N West Shore	Blvd., 5th Floor	FILED DF COR		
		(Address)	RP OF S		
	-Tampa, FL 33607		STALE JRATIOH 9: 40		
		(City/State and Zip Code)	* .		
For further in	formation concerning this	matter, please call:			
Ariar	ne McQueen	at (813) 282-1225			
	(Name of Person)		er)		
Divisi P.O. I	LING ADDRESS: on of Corporations Box 6327 nassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount: \$\Bigsiz \text{S125.00 Filing Fee} \Bigsiz S130.00 Filing Fee & Bisson Fi					

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Pacific Designated Partner, LLC		<u>.</u>		
	(Name of Foreign Limited Liability Company)		•		
2.	Delaware 3. 20-8475379		_		
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	,	•		
4.	2/14/07 _{5.} Perpetual				
	(Date of Organization) (Duration: Year limited liability company will ce exist or "perpetual")	ese to	•		
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)					
7.	2202 N West Shore Blvd., 5th Floor, Tampa, FL 33607		<u>.</u>		
		07 F	JISIC SECI		
	(Street Address of Principal Office)	8	·ŽÃ		
		N	유포		
8.	If limited liability company is a manager-managed company, check here		3≈		
9.	The name and usual business addresses of the managing members or managers are as follows:	AH 9:	RP SI		
	OS Pacific, Inc.	=	. <u>4</u> 2		
	2202 N West Shore Blvd., 5th Floor, Tampa, FL 33607	_) H		
tik	t. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custod jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langual instation of the certificate under oath of the translator must be submitted.)		odsin		
11	. Nature of business or purposes to be conducted or promoted in Florida: Full Service Restaura	nts			
	Signature of a symber 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.)				
	Joseph I Kadow Everutive VP & Socretary of OS Paritie Inc. sole Member				

Typed or printed name of signee

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PACIFIC 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 MOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE
STORE OF CORPORATION:
07 FEB 21 AM 9: 40



4301741 8300

070194108

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 5445309

DATE: 02-20-07

1. The name of the Limited Liability Company is:

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.

Pacific Des	signated Partner, LLC		
2. The name	and the Florida street addres	ss of the registered agent and office are:	<u>ئى</u>
	Joseph J Kadow	(Name)	SEGRETAR VISION OF C 07 FEB 21
	2202 N West Shore Blvd., 5th Floor		
	Plorida Street A	ddress (P.O. Box <u>NOT</u> ACCEPTABLE)	ORPORATION AM 9: 40
	Tampa	FL 33607 City/State/Zip	10 ON
liability composite agent and agree relating to the	any at the place designated in ee to act in this capacity. I fu proper and complete/perform	d to accept service of process for the above in this certificate, I hereby accept the appoint of the agree to comply with the provisions of mance of my duties, and I am familiar with a cent as provided for in Chapter 608, Florida	tment as registered f all statutes 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)