Florida Department of State

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To:

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: OUTBACK STEAKHOUSE Account Name

Account Number: 072731001666 Phone

: (813) 282-1225

Fax Number

: (813)281-2114



CARRABBA'S MIDWEST DESIGNATED PARTNER, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARRABBA'S MIDWEST DESIGNATED PARTNER, LLC
(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:

(Name of Person)	
osi	O7 MAR SECHET
(Firm/Company)	R 30 R 30 ASSEE
2202 N WEST SHORE BLVD., 5TH FLOOR	P ₹ B
(Address)	8: 52
TAMPA, FL 33607	·
(City/State and Zip Code)	

For further information concerning this matter, please call:

(Name of Person)	at (813) 282-1225 (Area Code & Daytime Telephone Number)		
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		
losed is a check for the following amount:			
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of	☐\$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 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CARRABBA'S MIDWEST DESIGNATE		LLC bility Company)
•	-	. ,
DELAWARE		20-8718725
(Jurisdiction under the law of which foreign lin company is organized)	lited liability	(FEI number, if applicable)
3/21/2007	-	PERPETUAL
(Date of Organization)	<u>2.</u>	(Duration: Year limited liability company will cease to
,		exist or "perpetual")
NA		
(Date first transacted (See sections 608.501	business in Flori & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
2202 N WEST SHORE BLVD., 5TH	I FLOOR, TA	MPA, FL 33607
		- SEC
		AZ TZ
(5	otreet Address of	Principal Office)
If limited liability company is a manag	er-managed co	ompany, check here
	_	
The name and usual business addresses	s of the manag	ing members or managers are as follows: 용행
CARRABBA'S MIDWEST, INC.		
		. •
2202 N WEST SHORE BLVD., 5TH	FLOOR, TAM	PA, FL 33607
	l. (A photocopy is	es old, duly authenticated by the official having custody of records snot acceptable. If the certificate is in a foreign language, a ted.)
Notice of histogram or numbers to he	anduntad Lan	romoted in Florida: RESTAURANT SERVICES
Nature of business of purposes to be	ionducted or p	romoted in Proridg.
	#	<u> </u>
Signature of a mem	ber or an auth	prized representative of a member.
(In accordance with segme	π 608.408(3), F.S.,	the execution of this document constitutes
<i>"</i>		that the facts stated herein are true.)
JOSEPH J KADO	w, secreta	KT

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:
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CARRABBA'S MIDWEST DESIGNATED PARTNER, LLC

•	The	_ 17372 d		Cat to a	
4	The name and in-	e piorida street	i address oʻ	t the registered	agent and office are:
					mporto mara creson on as

JOSEPH J KADOW		78E 07
	(Name)	MAR CAET
	ORE BLVD., 5TH FLOOR,	
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	PS B
TAMPA	FL 33607	8: 5:
	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.

(Signature)

\$ 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 "CARRABBA'S MIDWEST 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 TWENTY-SIXTH DAY OF MARCH, A.D. 2007.

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

4321400 070360127



Harriet Smith Minden

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 5538635

DATE: 03-26-07