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To:

Division of Corporations

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: (850)205-0383

From:

Account Name : OUTBACK STEAKHOUSE

Account Number: 072731001666 Phone

: (813)282-1225

Fax Number

: (813)281-2114

FLORIDA/FOREIGN LIMITED LIABILITY CO.

OUTBACK INTERNATIONAL DESIGNATED PARTNER, LLC

Certificate of Status	1
Certified Copy	1
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COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	OUTBACK INTERNATIONAL DES		
	(Name of Lin	nited Liability Company)	
Florida," Cer	l "Application by Foreign Limited Li tificate of Existence, and check are s pany to transact business in Florida	ability Company for Authorization to Trubmitted to register the above reference	ansact Business in d foreign limited
Please return	all correspondence concerning this r	natter to the following:	
	ARIANE MCQUEEN		2003 I
,,	(N:	ame of Person)	2001 MAR 30 SEGRETARY TALLAHASS
	OSI		1-12-5
	(Fi	rm/Company)	一門兒 王
	•		8: 49 STATE LORIDI
	2202 N WEST SHORE BLY	/D., 5TH FLOOR	5.7. 5
		(Address)	
	TAMPA, FL 33607		
	(City/St	ate and Zip Code)	
For further in	formation concerning this matter, ple	ease call:	
ARIA	NE MCQUEEN	at (813) 282-1225	
	(Name of Person)	(Area Code & Daytime Telephone	Number)
MAII	LING ADDRESS:	STREET ADDRESS:	
	on of Corporations	Division of Corporations	
	3ox 6327	Clifton Building	
Tallah	nassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	check for the following amount: 5.00 Filing Fee \$\sigma\$\$130.00 Filing Fee & Certificate of		ig Fee, Certificate tatus & 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:

OUTBACK INTERNATIONAL DESIGNATE		·	
· (Name of Foreign	Limited Lia	ibility Company)	
DELAWARE	3	20-8718909	
(Jurisdiction under the law of which foreign limited company is organized)	liability .	(FEI number, if appli	cable)
3/21/2007	5.	PERPETUAL	200
(Date of Organization)	•	(Duration: Year limited liability co exist or "perpetual")	mpany will cease to
NA		*	•
(Date first transacted busin (See sections 608.501 & 608			TASE SE
2202 N WEST SHORE BLVD., 5TH FLO	OOR, TA	MPA, FL,33607	5.2. · 查
	•		TAR HASS
(Street	Address of	Principal Office)	F11
100 % 10 100			THE E
If limited liability company is a manager-m	ianaged c	ompany, check here	10 K
The name and usual business addresses of t	he manag	ing members or managers are a	ᄁᄯᆹᇹ
OUTBACK STEAKHOUSE INTERNATION	AL, L.P.		
2202 N WEST SHORE BLVD., 5TH FLO	OR, TAM	PA, FL 33607	
. Attached is an original certificate of existence, no more jurisdiction under the law of which it is organized. (A justion of the certificate under oath of the translator mu	photocopy i	s not acceptable. If the certificate is in a	
. Nature of business or purposes to be cond-	nced of p	romoted in Florida: RESTAU	RANT SERVICES
/ 0	4/-		. ,
Signature of a member	or an auth	orized representative of a mem	ber.
(In accordance with section 608	.408(3), F.S.	, the execution of this document constitute that the facts stated herein are true.)	
"		VE VP & SECRETARY	

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:

OUTBACK INTERNATIONAL DESIGNATED PARTNER, LLC

	ress of the registered agent and office are:	2007 SE	
 JOSEPH J KADOW		(41 ATT
	(Name)		***************************************
•		30 ARY ASSI	CHENTS.
2202 N WEST SHO	ORE BLVD., 5TH FLOOR,	Mg =	i iii
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	A 8: I	F. Ca. 41
TAMPA	FL 33607	15 4G	
	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 of 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

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OUTBACK INTERNATIONAL DESIGNATED
PARTNERS, 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

SECRETARY OF STATE

4321578 8300 070360109



Harriet Smith Windsor, Secretary of State

Harriet Smith Windsor, Secretary of S

AUTHENTICATION: 5538619

DATE: 03-26-07