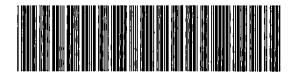
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(Requestor's Name)  (Address)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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**07 APR 25 PM 12: 47** SECKETARI OF STATE ALLAHASSEE ELORIDA

#### **COVER LETTER**

Division of Corporations	• .
SUBJECT: TEM! Investment (Name of Line)	nited Liability Company)
	iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please return all correspondence concerning this	matter to the following:
Dwayne 7	FAIKS  Jame of Person)
) (N	Jame of Person)
Daawood's So	andwich Shoppes irm/Company)
(F	irm/Company)
2049 Nor	(Address)
	(Address)
Alexandria, L	A 71301
(City/S	A 71301 State and Zip Code)
For further information concerning this matter, p	lease call:
Lori Andrews (Name of Person)	at (318) 445-2814 (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:  \$\sum \\$125.00 \text{ Filing Fee}\$  Certificate of	

### 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: TEMI Investments, L.L.C.
(Name of Foreign Limited Liability Company) . State of Louisiana 3. 20-8336291
(Jurisdiction under the law of which foreign limited liability company is organized)
(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 2049 North Mail Drive 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Mike 4. Terri Madison 6417 Genevieve Drive Alexandria, LA 71301 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Restaurant Signature of a member 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.) Terri Madison
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:	
TEMI Investments, L.L.C.	
2. The name and the Florida street address of the registered agent and office	are:
Cliff Cole (Name)	O7 A SECTALL
Florida Street Address (P.O. Box NOT ACCEPTABLE)	FILED  APR 25 PM  CRELIBRY OF  CLAHASSEE,
Destin, FL 32541 City/State/Zip	PM 12: 47 OF STATE EE, FLORIDA

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)

## United States of America State of Louisiana



#### As Secretary of State, Jay Dardenne, I do hereby Certify that

#### TEMI INVESTMENTS, L.L.C.

A limited liability company domiciled in ALEXANDRIA, LOUISIANA,

Filed charter and qualified to do business in this State on January 5, 2007,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set
My hand and caused the Seal of my Office
To be affixed at the City of Baton Rouge on,

April 11,02007

Secretary of State

OF LOUIS.

FIARY OF

Certificate ID: 20070411004764

To validate this certificate, visit the following web site, go to Commercial Division, Validate Certificate, then follow the instructions displayed.

www.sos.louisiana.gov