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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SDI of Lake Worth, LLC (Name of Limited Liability Company)		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Bus Florida," Certificate of Existence, and check are submitted to register the above referenced foreign I liability company to transact business in Florida		
Please return all correspondence concerning this matter to the following:		
Sharon Clark		
(Name of Person)		
Brunini, Grantham, Grower & Hewes, PLLC	07	
(Firm/Company)	f	1
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(Address)	<u>2</u> æ	Arman F E I
Jackson, MS 39201	PM 12: 0.3	V.
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Sharon Clark at (601) 973-8706		
(Name of Person) (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: \$\Bigsim \frac{1}{2}\$125.00 Filing Fee \$\Bigsim \frac{1}{2}\$130.00 Filing Fee \$\Bigsim \Bigsim \frac{1}{2}\$155.00 Filing Fee \$\Bigsim \Bigsim \		

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:

1.	SDI of Lake Worth, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
Co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wrinsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C.," "LLC.")	tten
	Mississippi (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)	
4.	March 2, 2007 (Date of Organization) 5. Perpetual (Duration: Year limited liability company with cease to exist or "perpetual")	
6.	(Date first transacted business in Florida, if prior to registration.)	
7.	(See sections 608.501 & 608.502 F.S. to determine penalty liability) 425 Christine Drive	
	Ridgeland, MS 39158 (Street Address of Principal Office)	
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:	
	Ronald G. McClain, Post Office Box 2128, Ridgeland, MS 39158	
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under eath of the translator must be submitted.)	sin
11.	. Nature of business or purposes to be conducted or promoted in Florida: own and operate restaurants	
	Robert W. Wumlin	

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.)

Robert D. Drinkwater, Authorized Representative

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 PLORIDA

If name un	svailable, the alternate name to be used in the state of Florida is:	
2. The nan	ne and the Florida street address of the registered agent and office are:	07 SEP 18 SECRETAR TALLAHASS
	Curtis R. Hare	
	(Name)	18 ART
	2721 Huntington Avenue Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Sarasota FL 34232	HIZ: N3 FLORIDA
	City/State/Zip	
liability con agent and a	n named as registered agent and to accept service of process for the above sta apany at the place designated in this certificate, I hereby accept the appointme gree-to act in this capacity. I further agree to comply with the provisions of al the proper and complete performance of my duties, and I am familiar with and	ent as registered Il statutes

5 30.00 Certified Copy (optional)
5 5.00 Certificate of Status (optional)

State of Mississippi

Office of the Secretary of State Eric Clark, Secretary of State Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

SDI OF LAKE WORTH, LLC

Formed March 2, 2007

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

425 CHRISTINE DRIVE PO BOX 2128 RIDGELAND MS 39158

and that the registered agent at that address is:

MCCLAIN, RONALD G

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

ARY OF SECOND SE

Given under my hand and seal of office September 14, 2007

Tric Clark

ERIC CLARK Secretary of State

Certification Number: 9388337-1 Page 1 of 1 Reference: sharon-jh Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify