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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

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### COVER LETTER '

TO: Registration Section Division of Corporati	ons					
SUBJECT: MSE B	RANDED F	2000	<u>.</u>	Floriba,	<u> </u>	
	(Name of L	imited Liabilit	ty Comp	pany)		
The enclosed "Application by Florida," Certificate of Existe liability company to transact	ence, and check are	submitted to				
Please return all corresponder	nce concerning this	s matter to the	followi	ng:		
ED	JONES (				·	, the
		Name of Perso	on)	"		
MSE	BRANDE	o Food	٤			
	BRANDE (	Firm/Company	y)	-	· · · · · · · · · · · · · · · · · · ·	
	- 4 -			_		
223	A FORR	(Address)	<u> </u>		<del></del>	
		(rtaaress)				
GAI	NESVIlle (City)	GA J	3050	». <i>1</i>		
	(City/	State and Zip	Code)		<u> </u>	
For further information conce	rning this matter, p	olease call:				
ED JONE	of Person)	at (	_ (_ه	<u>532-33</u>	0 /	
(Name	of Person)	(Area (	Code &	Daytime Telep	hone Number)	
MAILING ADDRES Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ons	STREET Division of Clifton But 2661 Exec Tallahasse	of Corpo uilding cutive C	orations Center Circle		
Enclosed is a check for the following Fee [2]	llowing amount: ☑\$130.00 Filing Fee Certificate		Filing Fe Certifie		0 Filing Fee, Certifi of Status & Certif	

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUB LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	MITED TO REGISTER A FOREIG
1. MSE BRANDED FOODS OF FLORIDA (Name of Foreign Limited Liability Company; must include "Limited Liability Company)	y," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Floconsent of the managers or managing members adopting the alternate name. The alternate name Company," "L.L.C.," "LLC.")	
2. GEORG, A  (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number,	if applicable)
4. OCTOBER 9 2007 5. PERPETUAL (Duration: Year limited lia exist or "perpetual")	ability company will cease to
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	97 P.
7. 225A FORREST AVENUE	OC T
GAINESVILLE GA 3050/ (Street Address of Principal Office)	೨ ರೈನ್ನ
8. If limited liability company is a manager-managed company, check here   9. The name and usual business addresses of the managing members or manage  ゴムベモン Hover	<b>2</b> 9
225 A FORREST AVENUE	
GAINESVIlle GA 30501	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate translation of the certificate under eath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
AIRPORT RESTAURANT CONCESSION	
Signature of a member or an authorized representative of (In accordance with section 608.408(3), F.S., the execution of this document an affirmation under the penalties of perjury that the facts stated herein are	t constitutes
JAMES HOUGH	
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 L	imited Liability Co	ompany is:			
	MSE	BRANDED	FOODS	DF	FLORIDA	LLC
If name	unavailable,	the alternate name				
			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
2. The	name and the	Florida street addr	ess of the regis	tered age	nt and office are:	
		<b>~ ,</b> , ,	•			
		PATRICI	4 AMB	VRGE	٧	<del>-</del>
			(Name)			
		700 (	ATALINA	Da	, v.s	
	<del></del>	Florida Street	Address (P.O. Bo	x NOT AC	CEPTABLE)	<b>-</b> .
		DAYTONA	Beach FL City/Stat	, 3	2114	
	-		City/Stat	e/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.

Colin andry

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

or out to Mills 29

Control No. 07084013

# STATE OF GEORGIA

### Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### MSE BRANDED FOODS OF FLORIDA, LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 10/09/2007 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 9th day of October, 2007

Karen C Handel Secretary of State

Kaun Chandel

Certification Number: 1681800-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp