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(((H070003076553)))



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Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone : (850) 521-1000

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Kath Draws

FLORIDA/FOREIGN LIMITED LIABILITY CO

Sybra, LLC

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DEC 28 2007

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December 28, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SYBRA, LLC C/O CORPORATION SERVICE COMPANY

SUBJECT: SYBRA, LLC REF: H07000307443



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Diane Cushing Document Specialist Supervisor FAX Aud. #: H07000307443 Letter Number: 207A00071921



## 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

1	Sybra, LLC	
•	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.U.C.," or "LUC.")	
COI	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the managers or managing members adopting the afternate name. The afternate name must include "Limited Liabilian purpose," "L.L.C.," "LLC.")	written ity
2.	Michigan 3 26-1552833	
77	(Jurisdiction under the law of which foreign limited liability (FE) number, if applicable) company is organized)	
4.	12/27/2007 5. perpetual	
•	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.		•
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	11 CC D 1	
	Atlanta, GA 30338	
	(Street Address of Principal Office)	2
8.	If limited liability company is a manager-managed company, check here	78
9.	The name and usual business addresses of the managing members or managers are as follows:	,
••	See attached list.	翌
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		တ်
	P	
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco	ords in
	ejunisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under onth of the translator. It is submitted.)	
	The second section of the second seco	
11.	. Nature of business or purposes to be conducted or promoted in Florida:	
	operate fast food restaurants	
	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 on affirmation under the penalties of perjury that the facts stated herein are true.)	
	Robert Q. Jones, Jr., VP & Asst. Secretary	
	Typed or printed name of signee	

## SYBRA, LLC

## RIDER TO FLORIDA APPLICATION FOR CERTIFICATE OF AUTHORITY

9. The name and usual business addresses of the managing members or managers are as follows:

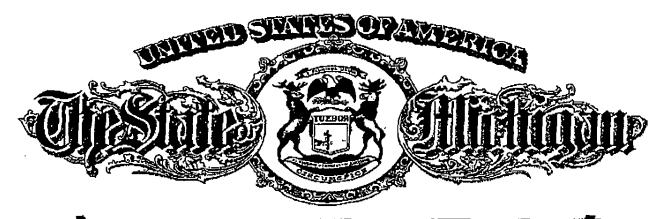
NAME	TITLE	BUSINESS ADDRESS
Sharron L. Barton	Manager	1165 Perimeter Center West Atlanta, GA 30338
Stephen E Hare	Manager	1155 Perimeter Center West Atlanta, GA 30338
Nils H Okeson	Manager	1155 Perimeter Center West Atlanta, GA 30338
Roland C. Smith	Manager	1155 Perimeter Center West Atlanta, GA 30338

O7 DEC 28 AM 8: 28
SECRETARY OF STATE

## 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.

I. The nam	ne of the Limited Liability Co	mpany is:	
Sybra, LL	.c		<del></del>
If name una	available, the alternate name t	o be used in the state of Florida is:	
2. The nan	ne and the Florida street addre	ess of the registered agent and office are:	O7 D SEC TALL
	Corporation Service	Company	DEC 28 CRETAR LAHASS
	(Name)		
	1201 Hays Street	•	25 PA 23 PA 24 PA
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	8: 28 STATE FLORID
	Tallahassee	FI. 32301	A
		City/State/Zip	,
liability con agent and a relating to the obligations	npany at the place designated in gree to act in this capacity. If the proper and complete perform of my position as registered again Service Company	nd to accept service of process for the above st in this certificate, I hereby accept the appointm in ther agree to comply with the provisions of a mance of my duties, and I am familiar with an ent as provided for in Chapter 608, Florida St	nem as registered all statutes d accept the
	(Signature)	Carol Dolor, Assistant VP	
	\$ 100.0 \$ 25.0 \$ 30.6 \$ 5.0	Filing Fee for Application  O Designation of Registered Agent  O Certified Copy (optional)	



Michigan Bepartment of Labor & Economic Growth

Lansing, Michigan

This is to Certify That

SYBRA, LLC

was validly organized on December 27, 2007 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 27th day of December, 2007

Bureau of Commercial Services

,Director