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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone Fax Number : (850)521-1000 : (850)558-1575

ORIDA/FOREIGN LIMITED LIABILITY CO.

RTM Gulf Coast, LLC

Certificate of Status	0
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G. MCLEOD

JAN 11 2008

EXAMINER

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

IN COMPLIANCE WITH SECTION 608.303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. RTM Gulf Coast, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or "LLC.")	_
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attaconsent of the managers or managing members adopting the alternate name. The alternate name must include Company," "L.L.C.," "LLC.")	th a copy of the	_ writted
2. Alabama 3. 13-3760393		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized))	-
4. 12/30/2007 5 perpetual		
(Date of Organization) (Duration: Year limited liability compan	y will cease to	_0
exist or "perpetual")	80	Z _S
6.		-018 1033
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7. 1155 Perimeter Center West, Suite 1200	10	11 (2) 12 (2)
	72	_
Atlanta, GA 30338		
(Street Address of Principal Office)	 ω	
8. If limited liability company is a manager-managed company, check here 🗵	~	37
9. The name and usual business addresses of the managing members or managers are as fol	lows:	
See attached list.		
		•
		-
		-
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official havin	g custody of rec	ords in
he juristliction under the law of which it is organized. (A photocopy is not acceptable, If the certificate is in a foreig	yn language, a	
ranslation of the certificate under oath of the translator must be submitted.)		
11. Nature of business or purposes to be conducted or promoted in Florida:		
		
operate fast food restaurants		<i>.</i> •
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 alturnation 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		

RTM GULF COAST, 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	1155 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

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 Liab	vility Company is:
RTM Gulf Coast, LLC	
If name unavailable, the alternate	name to be used in the state of Florida is:
2. The name and the Florida stre	et address of the registered agent and office are:
Corporation S	ervice Company
······································	(Name)
1201 Hays Str	reet
Plorid	a Street Address (P.O. Box NOT ACCEPTABLE)
Tallahassee	FI 32301
	City/State/Zip
liability company at the place designated and agree to act in this capa relating to the proper and complete	agent and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as registered acity. I further agree to comply with the provisions of all statutes to performance of my duties, and I am familiar with and accept the tered agent as provided for in Chapter 608, Florida Statutes. Iny
(Signature)	Carol Dalay Accietant VIII
	Cami Dolor, Assistant VP
	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent
	\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

Beth Chapman Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAN

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that RTM Gulf Coast, LLC organized in the office of the Judge of Probate of Montgomery County on December 28, 2007. I further certify that the records do not disclose that said RTM Gulf Coast, LLC has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

January 8, 2008

Date

reth Chapman

Beth Chapman

Secretary of State