# M0900003451

(Requ	estor's Name)				
(Addre	ess)				
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(City/S	state/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
(Busin	ess Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Fili	ng Officer:				
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SEP - 2 2009

**EXAMINER** 



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ON CEP - 1 NH Q: 50

W9-38727

#### **COVER LETTER**

то:	Registration Section Division of Corporation	<b>.</b>		
SUBJI	ест: R.		RESTAURANTS, L	LC.
				ransact Business in Florida," Certificate of ity company to transact business in Florida
Please	return all correspondence	concerning this matter to th	e following:	
			dree Kocian	
	•	N	ame of Person	
		McDanacos		
	****	Fi	rm/Company	
		3303 S	W 92nd Street	
			Address	
		Gaines	ville, FL 32608	
			tate and Zip Code	
		andrees	smod@aol.com	
		E-mail address: (to be used	for future annual report not	ification)
For furt	ther information concernir	ng this matter, please call:		
	Andre	e Kocian	at (518)	275-9212
	Name	of Person Area	Code & Daytime Telephon	e Number
•	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	Divisio Registr	ET ADDRESS: n of Corporations ation Section	•
- -	Tallahassee, FL 32314	2661 E	Building recutive Center Circle ssee, FL 32301	
Enclos	ed is a check for the f	following amount:		•
Ì	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy

#### 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.	R.A.N.K. QUALITY RESTAURANTS, 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 insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi ompany," "L.L.C," "LLC.")	_ writte lity	en
2.	New York  (Jurisdiction under the law of which foreign limited liability  (FEI number, if applicable)		
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	-	
4.	April 12, 2004 5. perpetual		
	April 12, 2004  (Date of Organization)  5. perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")	-	
6.			,
0.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	. 09	SIVIC
7	3303 SW 92nd Street	09 SEI	뎦
•	Gainesville, FL 32608	1	OF C
	(Street Address of Principal Office)	3	- 22 <u>- 2</u>
8.	If limited liability company is a manager-managed company, check here	جَ	ŠS.
		55	AAE
9.	The name and usual business addresses of the managing members or managers are as follows:	•	至
	Andree Kocian 3303 SW 92nd Street, Gainesville, FL 32608		
		•	
		-	
		_	
10	Attracted to an existing and Court of Column Court of the		
iv. the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recipiral certificate is in a foreign language, a	orası	n
trar	nslation of the certificate under oath of the translator must be submitted.)		
11.	. Nature of business or purposes to be conducted or promoted in Florida:any lawful business	•	
	(Indie Kocian)	•	
	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.)		
	Andree Kocian		
	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:
R.A.N.K. QUALITY RESTAURANTS, LLC.
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Andree Kocian
(Name)
3303 SW 92nd Street
Florida Street Address (P.O. Box. NOT ACCEPTABLE)
Gainesville, ₽ <u>L</u> 32608 City/State/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.  OCLAM  (Signature)

Filing Fee for Application
Designation of Registered Agent
Certified Copy (optional)

Certificate of Status (optional)

30.00 5.00

## State of New York Department of State } ss:

I hereby certify, that R.A.N.K. QUALITY RESTAURANTS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/26/2004, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 20th day of August two thousand and nine.

Daniel Shapiro

First Deputy Secretary of State

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