## M10000001823

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			

Special Instructions to Filing Officer:

A. LUNT

APR 22 2010

**EXAMINER** 

Office Use Only



800175901938

04/20/10--01014--019 \*\*160.00

2010 APR 20 PM 2: 12

#### 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. Homestyle Dining LLC  (Name of Foreign Limited Liability Company; must include the company).	de "Limited Liability Company," "L.L.C.,"	or "LLC.	")
If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alter Company," "L.L.C.," "LLC.")			
Delaware 3	31-1365822		
(Jurisdiction under the law of which foreign limited liability	( FEI number, if applicable	)	
company is organized)		E.	2010
	perpetual		<u> </u>
(Date of Organization) change)	(Duration: Year limited liability companexist or "perpetual")	(S)	
6. (Data first transported hyginage in Fla	ride if prior to registration	<u>(1477)</u> (1447)	<u> </u>
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	to determine penalty liability)	ارات سال	_1
3701 W. Plano Parkway Suite 200 Plano,	TX 75075	35 25 25 25 25 25 25 25 25 25 25 25 25 25	<i>₩</i>
7. <u></u>		7	<del></del>
(Street Address of	of Principal Office)		
3. If limited liability company is a manager-managed	company, check here 🛛		
9. The name and usual business addresses of the mana	aging members or managers are as fol	llows:	
see attached	1 + 1 + 2 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +		
			<del></del>
10. Attached is an original certificate of existence, no more than 90 d	lays old, duly authenticated by the official havin	ng custod	ty of records in
•	y is not acceptable. If the certificate is in a forei	_	-
ne junsciction under the law of which it is organized. (A photocopy			
	nitted.)		
ranslation of the certificate under oath of the translator must be subm	•		
ranslation of the certificate under oath of the translator must be subm	•		
ranslation of the certificate under oath of the translator must be subm	•		<del></del>
ranslation of the certificate under oath of the translator must be submit.  1. Nature of business or purposes to be conducted or	•		·
ranslation of the certificate under oath of the translator must be subtreated.  11. Nature of business or purposes to be conducted or restaurant and franchise support operations    X	promoted in Florida:		·

Typed or printed name of signee

Stuart Subotnick	810 Seventh Avenue 29 <sup>th</sup> Floor	New York, NY 10019
Silvia Kessel	810 Seventh Avenue 29 <sup>th</sup> Floor	New York, NY 10019
David A. Persing	810 Seventh Avenue 29 <sup>th</sup> Floor	New York, NY 10019
Stewart Campbell	1999 Bryan Street Suite 2800	Dallas, TX 75201

2010 APR 20 PM 2: 1:

# FILED

#### 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:	
HOMESTYLE DINING LLC	7.
If name unavailable, the alternate name to be used in the state of Plo	rida is: AFA ZU
2. The name and the Florida street address of the registered agent a	: C
Corporation Service Company	0.15 0.15 0.17
(Name)	
1201 Hays Street	
Florida Street Address (P.O. Box NOT ACCEPT	ABLE)
Tallahassee FL 32301	
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.

Corporation Service Company

Allison Quigley, Assistant VP

S 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



The Secretary of State of Delaware issued a certificate for HOMESTYLE DINING LLC whose file number is 2320606 on 04/13/2010 under request number 100380009 for authentication number 7928794.



Back

### Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HOMESTYLE DINING LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTEENTH DAY OF APRIL, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOMESTYLE DINING LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2320606 8300

100380009

DATE: 04-13-10

AUTHENTY CATION: 7928794

You may verify this certificate online at corp.delaware.gov/authver.shtml