

MI 00000003349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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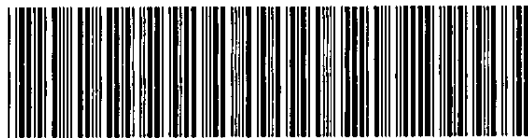
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 JUL 29 AM 10:40

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B. KOHR

JUL 29 2010

EXAMINER

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DATE: 07-²⁹~~28~~-10

NAME: LSCM 34, LLC

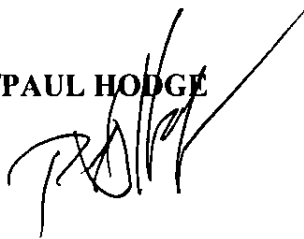
TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: \$125

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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

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IN COMPLIANCE WITH SECTION 608.90, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

LSCM #34, LLC

(Name of foreign limited liability company; must include "limited liability company," "L.L.C.," or "LLC.")

(If none, initially blank; enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the alternate name. The alternate name must include "limited liability
company," "L.L.C.," or "LLC.")

TENNESSEE

27-0632679

(Jurisdiction under the law of which foreign limited liability
company is organized)

(FEI number, if applicable)

07/30/2009

PERPETUAL

(Date of Organization)

(Duration. Year limited liability company will cease to
exist or "perpetual")

(Date first transacted business in Florida, if prior to registration.
[See sections 608.501 & 608.502 F.S. to determine penalty liability.]

8295 TOURNAMENT DR., SUITE 200 MEMPHIS, TN 38125 USA

(Street/Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

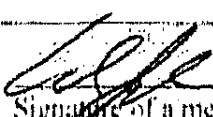
9. The name and usual business addresses of the managing members or managers are as follows:

George H. Alford - 8295 Tournament Drive, Suite 200, Memphis, TN 38125

Carl I. Jacobson - 8295 Tournament Drive, Suite 200, Memphis, TN 38125

10. Attached is an original certificate of existence, not more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Franchised restaurant



Signature of a member or an authorized representative of a member.
(In accordance with section 608.106(3), F.S., the execution of this document constitutes
an attestation under the penalties of perjury that the facts stated herein are true.)

Carl I. Jacobson

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:

LSCM #34, 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:

REGISTERED AGENT SOLUTIONS, INC.

(Name)

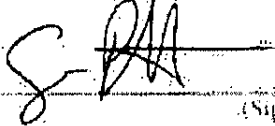
155 OFFICE PLAZA DR. SUITE A

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

TALLAHASSEE FL 32301

City/State/Zip

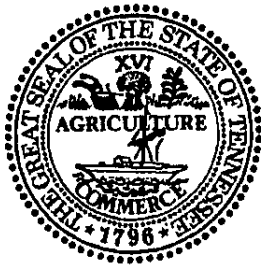
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.



(Signature)

*Sean Prewitt
asst. Secretary*

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



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

CFS
992 DAVIDSON DRIVE
SUITE B
Nashville, TN 37205

July 28, 2010

Request Type: Certificate of Existence/Authorization
Request #: 0018146

Issuance Date: 07/28/2010
Copies Requested: 1

Document Receipt

Receipt #: 226089

Filing Fee: \$20.00

Payment-Account - CFS, NASHVILLE, TN

\$20.00

Regarding: LSCM #34, LLC
Filing Type: Limited Liability Company - Domestic
Charter/Qualification Date: 07/30/2009
Status: Active
Duration Term: Perpetual

Control #: 607246
Date Formed: 07/30/2009
Formation Locale: Shelby County
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

LSCM #34, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett, Secretary of State
Business Services Division

Processed By: Nichole Hambrick