# MUUUUU03612

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)	<del>.</del>		
(Ci	ty/State/Zip/Phone #)	,		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



300184113373

08/17/10--01002--022 \*\*160.00

B. KOHR

AUG 1 7 2010

**EXAMINER** 

10 AUG 16 AM DO DE

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** KATIE WONSCH DATE: 08/16/2010 **REF. #:** 000852.130557 CORP. NAME: SUNFLOWER RESTAURANT GROUP LLC ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION ( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME ( XX ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY ( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL ( ) CERTIFICATE OF CANCELLATION ( ) OTHER: STATE FEES PREPAID WITH CHECK# 53600 FOR \$ 160.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$\_\_\_\_

( XX ) CERTIFICATE OF GOOD STANDING

( ) PLAIN STAMPED COPY

( ) CERTIFICATE OF STATUS

PLEASE RETURN:

( XX ) CERTIFIED COPY

Examiner's Initials

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

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: NELOWER RESTAURANT GROUP, LLC (Name of Foreign Limited Liability Company," "LLC.," or "LLC.") (If name unavailable, 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.," "LLC.") 3. 27-2391563
(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 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: mean 10. Attached is an original certificate of existence, no 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 cash of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Fast Food Restaurant Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

IMRAN AHMED
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 Liabi	lity Compa	ny is:				
SUNFLOWER RESTA	URANT	Georg, Lu	1			
If name unavailable, the alternate	name to be	used in the state of	of Florida is:			
2. The name and the Florida street	et address o	f the registered ag	ent and office are:			
Na	itional Corp	orate Research, L	td., Inc.			
		(Name)				
515 East Park Avenue						
Florid	a Street Addr	ess (P.O. Box <u>NOT</u> A	ACCEPTABLE)	_		
Tallal	Tallahassee		32301			
		City/State/Zip		***		
Having been named as registered liability company at the place designagent and agree to act in this caparelating to the proper and complet obligations of my position as registive.  (Signature)  A P Polizzi  Ass't Sc'y	gnated in th city. I furth <u>e perfo</u> rmat	is certificate, I here ter agree to comply nce of my duties, an as provided for in  Filing Fee for A	eby accept the appoint with the provisions of id I am familiar with a Chapter 608, Florida  pplication Registered Agent (optional)	ment as registered fall statutes and accept the		

#### State of California Secretary of State

#### **CERTIFICATE OF STATUS**

ENTITY NAME: SUNFLOWER RESTAURANT GROUP, LLC

FILE NUMBER:

200909910149

FORMATION DATE:

04/08/2009

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

**CALIFORNIA** 

STATUS:

**ACTIVE (GOOD STANDING)** 

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 13, 2010.

DEBRA BOWEN Secretary of State