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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company Magil, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

T. CLINE SEP 15 2011

EXAMINER

COVER LETTER

JECT: Magn, DDC	Name of Limited Liability Company	
enclosed "Application by Foreign I in	mited Liability Company for Authorization to Transact Business in Flo	wide " Certificate of
ence, and check are submitted to reg	ister the above referenced foreign limited liability company to transact	business in Plorida.
e return all correspondence concerni	ing this matter to the following:	
	·	
William E. Gilbert, III	Name of Person	
	Name of Person	
Magil, LLC		
	Firm/Company	
1722 S. Glenstone, Suite	e T	
**************************************	Address	<u> </u>
Springfield, Missouri 65	City/State and Zip Code	_
	•	
billy@arbysspringfield.c		
E-mail	address: (to be used for future annual report notification)	- AS 23
urther information concerning this m	atter, please call:	LA CR
J. Richard Owensby	at (417) 882-9090	2011 SEP L A SECRETARY OF ALL'AHASSEE,
Name of Perso	n Area Code & Daytime Telephone Number	- SEE
MAILING ADDRESS:	STREET ADDRESS:	A SESTATE SELECTION
Division of Corporations	Division of Corporations	STA NOTA
Registration Section P.O. Box 6327	Registration Section	20 AT 60
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	> 6 6 6 6 6 6 6 6 6 6
12/14/14/14/14	Tallahassee, FL 32301	

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:

Magil, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LLC.	(")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Company," "L.L.C," "LLC.")	
2. Missouri 3. 45-3117097	
(Iurisdiction under the law of which foreign limited liability (FEI number, if, applicable) company is organized)	
4. July 26, 2011 5. perpetual	
(Date of Organization) (Duration: Year limited liability company will ce exist or "perpetual")	ase to
6. ^{n/a}	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
71300 Estero Blvd.	
Ft. Myers Beach, FL 33931	
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	2011 SEP SECRETA
9. The name and usual business addresses of the managing members or managers are as follows:	SEP SEP AHA
William B. Gilbert, III, 1722 S. Glenstone Ave., Ste. T, Springfield, MO 65804	P I 4 AND BE BEI
Bryan Major, 1722 S. Glenstone Ave., Ste. T, Springfield, MO 65804	THE TE
Diyan Majur, 1722 B. Chambert Ave, Dav. 1, Springered May 930	100 SP
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custod the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languatranslation of the certificate under oath of the translation must be submitted.)	dy of records in
11. Nature of business or purposes to be conducted or promoted in Florida: To sell food products purs	uent to
a franchise and to engage in any other lawful activities.	
William E. F. Jan	
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. I am aware that any false information submitted in	
document to the Department of State constitutes a third degree felony as provided for in s.517.155, F	
William E. Gilbert, III	

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.

If unavailab	ole, the alternate to be used in	n the state of Florida is:	• .
2. The nam	e and the Florida street addre	ess of the registered agent and office are:	
	C T Corporation System		
•		(Name)	
	1200 South Pine Island Road	I.	
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	
	•	City/State/Zip	
liability com agent and ag relating to th	apany at the place designated gree to act in this capacity. Ij he proper and complete perfoi	ind to accept service of process for the above stated limited, in this certificate, I hereby accept the appointment as register further agree to comply with the provisions of all statutes crmance of my duties, and I am familiar with and accept the regent as provided for in Chapter 608, Florida Statutes.	SEP 14
liability com agent and ag relating to ti	apany at the place designated gree to act in this capacity. I he proper and complete perform for my position as registered at C T Corporation by By:	ind to accept service of process for the above stated limited, in this certificate, I hereby accept the appointment as register further agree to comply with the provisions of all statutes crmance of my duties, and I am familiar with and accept the regent as provided for in Chapter 608, Florida Statutes.	
liability com agent and ag relating to th	apany at the place designated gree to act in this capacity. I he proper and complete perform for my position as registered at C T Corporation by By:	ind to accept service of process for the above stated limited, in this certificate, I hereby accept the appointment as register further agree to comply with the provisions of all statutes crmance of my duties, and I am familiar with and accept the regent as provided for in Chapter 608, Florida Statutes.	
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5.00 Certificate of Status (optional)

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

MAGIL, LLC LC1158292

was created under the laws of this State on the 26th day of July, 2011, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 13th day of September, 2011

Secretary of State

Certification Number: 14170416-1 Reference.
Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp