Page 1 of 2

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

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

Email	Addres	8	;
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### Foreign Limited Liability Company STORE SPE O'CHARLEY'S, LLC

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

NOV 2 1 2011

#### COVER LETTER

TO: Re Di	gistration Section vision of Corporations			•
SUBJECT:	STORE SPE O'Charley's, LLC			
200166.17		Name of Limited Liability Compan	у	
The enclose Existence, a	d "Application by Foreign Limited L and check are submitted to register the	iability Company for Authorization	n to Transact Business in Florida," liability company to transact busine	Conflicate of ess in Florida
Please returi	n all correspondence concerning this	matter to the following:	,	
	•			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
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		Firm/Company		
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		Address		
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	,	City/State and Zip Code		
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	E-mail address	(to be used for future annual repo	rt notification)	
for further in	tiormation concerning this matter, pl	louse call:	•	
	* .			•
	Name of Person	Area Code & Dayline Tele	phone Number	•
Divi Reg P.O.	ILING ADDRESS: ision of Carparations istration Section Box 6327	STREET ADDRESS: Division of Corporations Registration Section Clinor Building		
7.811	nhasee, FL 32314	2661 Executive Center Circle Tellahassoo, FL 32301		
inolosed is	e a check for the following amo 5.00 Filing Fee S130.00 Filing Certificate of S	Fee & S155.00 Filing For &	S160.00 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 RECESTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	STORE SPE O'Charley's, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	The straight and a surface, and the straight and the straight and stra
ÇO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written asent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability impany," "L.L.C," "LLC.")
2.	Delaware 3, 45-3591426
	(I'Bl number, if applicable)
4.	October 12, 2011 S. Perpetual
,	(Dute of Organization) (Duration: Year limited liability, company, will neare to exist or "perpetual")
б.	Upon filing
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)
7.	8501 E. Princess Drive, Suite 190, Scottstate, AZ 85255
	Scottsuhle, AZ 85255
	(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:
	Christopher H. Volk - 8501 E. Princesa Dr., Suita 190, Scottrdale, AZ 85255
٠	Catherine Long - 8501 E. Princess Dr., Sulto 190, Scottsdale, AZ 85255
	Michael T. Bennett, Manager - 8501 E. Princess Dr., Suite 190, Scottsdale, AZ 85255
he	Attached is an original conflicate of existence, no more than 90 days old, duly authenticated by the official traving custody of records in under the law of which it is organized. (A photocopy is not acceptable. If the conflicate is in a foreign language, a slation of the certificate underpath of the translator must be subtraited.)
11,.	Nature of business or purposes to be conducted or promoted in Florida: To acquire, own, operate, dispose
•	of or otherwise deal with interests in real escape and any related assets, obligations primarily secured by real estate or
	nterests thereth,
	Signature of a member or an authorized representative of a member.
	(In abcordance with section 608,408(3), F/S., the execution of this document constitutes an affirmation under the
	Signature of a member or an authorized representative of a member.  (In abcordance with section 608.408(2), F.S., the execution of this document constitutes no affirmation under the penalties of purpose that the facts mated herein are true. I am aware that any false information submitted in RES document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.
	Michael T. Beunett, Manager
	,

Typed or printed name of signee

NOV 18 AN 8:31

# 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.

OTOME SEE	O'Charley's, LLC		<del></del>
If unavaila	ble, the alternate to be used in	the state of Florida is:	
	· · · · · · · · · · · · · · · · · · ·	·	
2. The man	ne and the Florida street addre	ss of the registered agent and office are:	
		#= 1004 1-0 C-111111 - 111111 - 111111	
	•		
•	C T Corporation System		
	C T Corporation System	(Name)	•
	C T Corporation System	(Name)	
·	C T Corporation System  1200 South Pine Island Road	(Name)	
	1200 South Pine Island Road	(Name)  Address (P.O. Box <u>NOT</u> ACCUPTABLE)	
	1200 South Pine Island Road		
	1200 South Pine Island Road		

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.

C. T. Capacition System

S 100.00 Filing Fee for Austication

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

FILED:

# Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "STORE SPE O'CHARLEY'S, 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5051117 8300

111209915

You may verify this costificate paline at corp. dolaware. gov/authver. Shtml

AUTHENTICATION: 9166086

DATE: 11-17-11