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From:

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Account Number : FCA000000023

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Phone

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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.

Foreign Limited Liability Company Neighborhood Restaurant Partners Florida, LLC

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3/27/2012

CT CORPORATION

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COVER LETTER

SUBJECT: Neighborhood Restaura (Name of	Limited Liability Company)
The enclosed "Application by Foreign Limited Florida," Certificate of Existence, and check a liability company to transact business in Florida.	d Liability Company for Authorization to Transact Business in re submitted to register the above referenced foreign limited da
Please return all correspondence concerning th	nis matter to the following:
Karl F. Jaeger	,
	(Name of Person)
olo Argonno Canital Cre	
c/o.Argonne Capital Gro	(Firm/Company)
	(1 ma Ovingrady)
3060 PEACHTREE RD	NW Suite 400
	(Address)
Atlanta, GA 30305	
	y/State and Zip Code)
For further information concerning this matter,	please call.
or return mormation controlling and quater,	, prease can.
Karl F. Jaeger	at (404) 760-3757
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_{\text{S125.00}} \text{Filing Fee} \sum_{\text{S130.00}} \text{Filing Fee} \tag{Certification}	e & S155.00 Filing Fee & S160.00 Filing Fee, Certificate te of Status & Certified Copy of Status & Certified Copy

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: Neighborhood Restaurant Partners Florida, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "LL.C.," "LLC.") 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) Perpetual 4. 02/13/2012 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") 6. Upon Qualification (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 🤿 c/o Argonne Capital Group, LLC 3060 PEACHTREE RD NW Suite 400 Atlanta, Ga 30305 (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: Karl F. Jaeger c/o Argonne Capital Group, LLC 3060 PEACHTREE RD NW Suite 400 Atlanta, Ga 30305 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 eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: to engage in any lawful act or activity and to exercise any rights permitted to limited liability companies in Florida 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.) Karl F. Jaeger

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 LUNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

treignormoo	Restaurant Partners Florida	i, table		
If unavailable	e, the alternate to be use	ed in the state of Florida is:		
2. The name	and the Florida street a	address of the registered agent and office are		
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	1200 South Pine Island R	(Name) Road	SECRE LARY OF ST	27
	1200 South Pine Island R	(Name) Road	SECRE LARY OF STATE ALLANASSEE, FLORI	27 配

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.

By: A Corporation System

(Signature)

Maria Edwards Asst. Socretary

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

5.00 Certificate of Status (optional)

FL457 - 10/05/2010 C T Byttem Online

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NEIGHBORHOOD RESTAURANT PARTNERS
FLORIDA, 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 TWENTY-SEVENTH
DAY OF MARCH, A.D. 2012.

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

5109238 8300

120359194

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

Jeffrey W. Bullock Secretary of State

OTHENTICATION: 9461211

DATE: 03-27-12

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