# M1200003594

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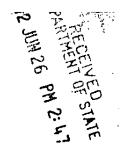
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CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE	merly CCRS)	r
FILING COVER ACCT. #FCA-14	SHEET		
CONTACT:	Kim Weider	<u>nbach</u>	
DATE:	06/20/12		
REF. #:	000162.1684	173	
CORP. NAME:	PDQ WIRE	GRASS, LLC	
( ) ARTICLES OF INCO ( ) ANNUAL REPORT ( XX ) FOREIGN QUALI ( ) REINSTATEMENT ( ) CERTIFICATE OF O ( ) OTHER:	IFICATION	( ) ARTICLES OF AMENDMENT ( ) TRADEMARK/SERVICE MARK ( ) LIMITED PARTNERSHIP ( ) MERGER	( ) ARTICLES OF DISSOLUTION ( ) FICTITIOUS NAME ( ) LIMITED LIABILITY ( ) WITHDRAWAL
		TH CHECK# 544824 CCOUNT IF TO BE DEBITE	
		COST LIN	MIT: \$
PLEASE RETUI	RN:		
( ) CERTIFIED COPY		ERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY

Examiner's Initials





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2012

CORPDIRECT AGENTS, INC. KIM WEIDENBACH

SUBJECT: PDQ WIREGRASS, LLC Ref. Number: W12000033602

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE

6/21/12

We have received your document for PDQ WIREGRASS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L11000106153.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 512A00017178

DATE AS FILE DATE

## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing		
Members of PDQ WIREGRASS, LLC		
(Name of Limited Liability Company)		
a limited liability company duly organized and existing under the laws of	3	
DELAWARE	=	
(State or Country of Organization)	2	7
Because the name of this foreign limited liability company does not satisfy the	PH 12:	ו
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the	<u> </u>	
following name to transact business in the state of Florida:	വ	
PDQ WIREGRASS DE, LLC		
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)		
Date: JUNE 22, 2012		
Signature(s) of Manager(s) and/or Managing Member(s):		
Micheles Reader		
Nock Receiver, VP of Copyries MVP Residentian Payment LLC on the Brits Microgar of PDC Wrogetes, LLC		

### 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:

1. PDQ WI	REGRASS	, LLC									
	of Foreign Limi			ust include	e "Limited	Liability Com	pany," "L.L	С.," от "!	LLC.")		
PDQ W	IREGRASS	DE, I	LC								
(If name unava consent of the r Company," "L.	managers or ma										lten
2. DELAWA (Jurisdiction company is company)	under the law o	of which for	eign limited l	3,	<del></del>	(FEI num	ber, if appli	cable)			
4. MARCH	2, 2012			5	PERPE	TUAL					
T	(Date of Org	anization)		<i>J.</i>	(Duratio	n: Year limite "perpetual")	d liability co	ompany w	ilk cease 1	2	
6. JUNE 1	1, 2012								PIL		-77
	(I (Sec	ate first tra e sections 6	nsacted busine 08.501 & 608	ess in Flori .502 F.S. to	ida, if prior o determine	to registration penalty liabil	ı.) lity)		ASSI	21	J.I.E
7. 3717 W	NORTH E	STRE	ET, TAME	PA, FL	33609				HO	-P.	O
,								····	EL OF	PH 12: 1	
			(Street	Address of	Principal (	Office)			Ð.	<u>, , , , , , , , , , , , , , , , , , , </u>	•
8. If limited	liability com	pany is a	manager-m	anaged c	ompany,	check here	Ø				
9. The name	and usual bu	isiness ad	dresses of ti	he manag	ging mem	bers or man	agers are	as follov	vs:		
CAPTIV	A MVP RE	STAURA	NT PART	NERS I	LLC						
3717 W	V NORTH	B STRE	ET, TAM	PA, FL	33609						•
					***************************************					_	
10. Attached is a the jurisdiction u translation of the 11. Nature o	under the law of e certificate unde	which it is o creath of the	rganized. (A p translator mus	shotocopy i t be submit	is not accept tted.)	able. If the cer	tificate is in	a foreign]	language,		in
<del></del>				1)		- <u></u>				<u></u> .	
				14							
	Sig	nature of	a member o	r an auth	orized re	presentative	of a mem	iber.			

NICHOLAS READER, AUTHORIZED REPRESENTATIVE

(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 a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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:	
PDQ WIREGRASS, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
PDQ WIREGRASS DE, LLC	
2. The name and the Florida street address of the registered agent and office are:	TAIS SE
NRAI SERVICES, INC.	量量
(Name)	N21 PA
515 E PARK AVENUE	FILED 2 JUN 21 PH 12: ALLANASSEE, FLO
Florida Street Address (P.O. Box NOT ACCEPTABLE)	LORID LORID
TALLAHASSEE <sub>FL</sub> 32301	<b>&gt;</b>
City/State/Zip	•
Having been named as registered agent and to accept service of process for the above st liability company at the place designated in this certificate, I hereby accept the appointn agent and agree to act in this capacity. I further agree to comply with the provisions of relating to the proper and complete performance of my duties, and I am familiar with an obligations of my position as registered agent as provided for in Chapter 608, Florida S  (Signature) Katie Wonsch  Assistant Secretary	nent as registered all statutes nd accept the
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	

Certified Copy (optional)
Certificate of Status (optional)

\$ 30.00

\$ 5.00

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PDQ WIREGRASS, 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 NINETEENTH DAY OF JUNE, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PDQ WIREGRASS, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2012.

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

5118390 8300

120754921

AUTHENTICATION: 9654509

DATE: 06-19-12

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