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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 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 Address:

Foreign Limited Liability Company East Coast Family Restaurants, LLC

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

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B. BOSTICK

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Corporate Filing Menu

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EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

8/3/2012

CT CORPORATION

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COVER LETTER

	tration Section on of Corporations	·			
SUBJECT:	ast Coast Family Restaurants, LLC				
	N	ame of Limited Liability Company			
		ability Company for Authorization to Transact Business in Fig above referenced foreign limited liability company to transact			
Please return a	il correspondence concerning this o	natter to the following:			
	Lowell Flatford		_		
	, , , , , , , , , , , , , , , , , , ,	Name of Person			
	Promothous Partners, LP				
	, , , , , , , , , , , , , , , , , , , ,	Finn/Company			
	10945 Stato Bridge Road, Suite 401-338				
		Address			
	Alpharetta, GA 30032-5676				
		City/State and Zip Code			
	bflatford@promethouspartners.co	ogn	₩ ₄ ,		
	E-mail address:	(to be used for finure annual report notification)	12 A		
For further last	rightion concerning this matter, ple	ngse call;			
Lowell	Flatford	at (770 395-9091	(A) (A) (B)		
	Name of Person	Area Code & Daytime Telephone Number			
Divieji Regist P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assep, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahasson, FL 32301	H 9:54		
Enclosed is a	check for the following amount of Filing Fee S130.00 Filing F Certificate of Sp	ce & 1 18155.00 Filing Fee & 1 18160.00 Filing Fee: Cort			

PLOST - MANAGEMENT STATES OF THE

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 FORESCH. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE SUCIEOF FLORIDA:

	hast Family Restaurants, LLC ame of Foreign Dimited Liability Compa	any; must include "Limited Liability Company," "L.L.C.," or "LLC.	·
•			<u> </u>
consent o	unavailable, enter alternate name adopted fitte managers or managing members ad ""LLC" "LLC"	for the purpose of transacting business in Florida and attach a copy opting the alternate name. The alternate name must include "Limited purpose of transacting the strength of the strength o	of the written Liability
2. Delay		3 45-3760933	
	iction under the law of which foreign lim ny is organized)	ited liability (FEI number, if applicable)	· .: · · .
4 Octo	scr. 25, 2011	5. Perpetual	
	(Date of Organization)	(Duration: Year Ilmined liability company will consist or "perpetual")	ise to
6. Upon	filing		
	(See sections 608,501.4	business in Florida, if prior to registration.) \$608.502 F.S., to determine penalty liability)	
7. 1340	Hamilet Avenue		
Clear	water, FL 33756		50
	(\$	irrest Address of Principal Office)	Till R
8. If lio	uited liability company is a manag	er-managed company, check here	AUG AUG
9. The	name; and usual business addresses	of the managing members or managers are as follows:	
			10.7
_	· · · · · · · · · · · · · · · · · · ·		
the jurisdic sunstation	iten under the law of which it is cryanized of the certificate under eath of the translate	more than 90 days old, duly authenticated by the official having custod. (Aphotocopy is not acceptable. If the certificate is in a fineign languar must be submitted) onducted or promoted in Florida: Operation Management	
			arana di salamana di salama
		$\overline{}$	
-	(in accordance with section 608,408(3) possition of perjury that the facts state	ber or an authorized representative of a member. P.S., the execution of the document constitutes an affirmation under the other are thus. I am aware that any false information submitted in a site constitutes a third degree felony as provided for in s.817.135, P.3.	i)
	Туре	d or printed name of signee	

FLO(1) + (4000 CO (10) C Tayong Option,

PAGE 03/05

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 unavailable, the alternate to be used in the state of Florida is:				
2. The name and the Florida street ac	idress of the registered agent and office are	:		
C T Corporation System		₽ 7		
	(Name)	12 AUG		
1200 South Pine Island R	cad			
كالتراجي والمتراجي والمتراج والمتراجي والمتراج وا	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	DOLADIES (P.O. BOX NOT ACCEPTABLE)			
	pet Address (P.O. Box NOT ACCEPTABLE)	AM 9: 54		

Flaving 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, Florido Statutes.

CT Companion System

By:	Comie Bry		Connie Bryan
		(Signature)	Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.60 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

PLOST - LONSONIO S'T Sympo Delligo

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "EAST COAST FAMILY RESTAURANTS, 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 THIRD DAY OF AUGUST, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

12 AUG -3 AM 9: 54

5056311 8300

120903000

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

AUTHENTY CATION: 9756392

DATE: 08-03-12

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