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.

(((H12000261025 3)))



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To:

Division of Corporations

Pax Number

: (850)617~6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

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 J. Alexander's, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

Please File 2nd after Inc Withdrawal

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY EXAMINER

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

10/31/2012

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CT CORPORATION

2609889998

10:11 2102/18/01

### COVER LETTER

SOURCE:	J. Alexander's, LLC	Name of Limited Liability Company
		Name of Limited Limitity Company
		Liability Company for Authorization to Transact Business in Florida," Certifica ne above referenced foreign limited liability company to transact business in Florida.
Picase return	all correspondence concerning this	s matter to the following:
	Goodloe M. Partee	
		Name of Person
	J. Alexander's, LLC	
		Firm/Company
	3038 Sidco Drive	
		Address
	Nashville TN 37204	
		City/State and Zip Code
	Goodloe.Partee@al	brholdings.com
	E-mail address	s: (to be used for future annual report notification)
For further in	formation concerning this matter, p	lease call:
God	odloe M. Partee	615 <u>782-6922</u>
	Name of Person	Area Code & Daytime Telephone Number
Divis	LING ADDRESS: ion of Corporations	STREET ADDRESS: Division of Corporations
	otration Section Box 6327	Registration Section Clifton Building
	hassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is	a check for the following am	ount:

## 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:

1. J. Alexander's, 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 numagers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Tennessee (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4. April 29, 1971 5 perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 3038 Sidco Drive 3038 Sidco Drive
Nashville TN 37204 (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:
Brent B. Bickett 601 Riverside Avenue Jacksonville FL 32204
George P. Scanlon 601 Riverside Avenue Jacksonville FL 32204
Hazem Ouf 3038 Sidco Drive Nashville TN 37204
Timothy T. Janszen 21 Waterway Avenue The Woodlands TX. 77380 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 oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
full service restaurant
mpm-
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 a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  Goodloe M. Partee Authorized representative
Typed or printed name of signes

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# 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 alte	emate to be used in the state of Florida is:
2. The name and the	Florida street address of the registered agent and office are:
CTC	rporation System
CTC	nporation System (Name)
	(Name)
	(Name) outh Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)

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 Corporation System



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

FLOS7 - 10/05/2010 C T Sylion: Online



### STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services

William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

FIDELITY NATIONAL

**SUITE 3100** 

10 SOUTH LASALLE STREET

CHICAGO, IL 60601

Request Type: Certificate of Existence/Authorization

Request #:

0080752

(ssuance Data: 10/30/2012

Copies Requested:

October 30, 2012.

Document Receipt

Receipt #: 841627

Payment-Credit Card - TennesseeAnytime Online Payment #: 147541264

Filing Fee:

\$22.25

\$22.25

Regarding:

J. Alexander's, LLC

Filing Type: Limited Liability Company - Domestic

Status:

**Duration Term:** Perpetual

Business County: DAVIDSON COUNTY

Formation/Qualification Date: 04/29/1971

Control #: Date Formed: 33103

04/29/1971 Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

#### J. Alexander's, LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent corporation annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

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Verification #: 001900616

Phone 615-741-6488 \* Fax (615) 741-7310 \* Website: http://tnbear.in.gov/

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