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Division of Corporations

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Foreign Limited Liability Company KOC FRANCHISE MANAGEMENT, LLC

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COVER DELIAG	
TO: Registration Section Division of Corporations	
SUBJECT: KOC Franchise Management, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	d
Please return all correspondence concerning this matter to the following:	
Stephen C. Hagedorn	
Name of Person	
Jani-King International, Inc.	
Firm/Company	
16885 Dallas Parkway	
, Address	
Addison/TX/75001	
City/State and Zip Code	
shagedorn@lanking.com	
B-mail address: (to be used for future amount report notification)	
For further information concerning this matter, please call:	
Stephen C. Hagedorn at (972) 991-0900	
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, PL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building Tallahassee, PL 32314 Z661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\Begin{array}{c} \pm \subseteq \text{\$125,00 Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

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 LIBBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO I KANSACT BOSINESS IN THE STATE OF PROJUCIA,
1. KOC Franchise Management, 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," "L.L.C," "LLC.")
2.Texas (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. November 1, 2012 (Date of Organization) 5. perpetual (Duration: Year limited liability company will sease to exist or "perpetual")
6. Upon filing
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 16885 Dallas Parkway, Addison, TX 75001
in the second se
(Street Address of Principal Office)
(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:
9. The name and usual business addresses of the managing members or managers are as follows:
Jerry L. Crawford - 16885 Dallas Parkway, Addison, TX 75001
James A. Cavanaugh, Jr 16885 Dallas Parkway, Addison, TX 75001
10. Attached is an adginal 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 onth of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Franchise management services
0-10-1-
The state of the s
Signature of almember 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
penulties of perjury that the their smted herein are true. I am aware that any false information submitted in a document to the Dopartment of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Jerry L. Crawford
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:
KOC Franchise Management, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
C T Corporation System (Nante)
1200 South Pine Island Road Plorida Street Address (P.O. Box NOT ACCEPTABLE)
Plantation FL 33324 City/State/Zip
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 al 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.
Connie Bryan (Signature) Assistant Secretary
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



John Steen Secretary of State

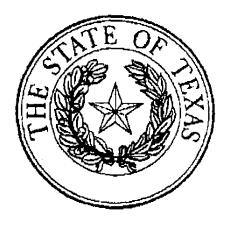
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for KOC Franchise Management, LLC (file number 801677985), a Domestic Limited Liability Company (LLC), was filed in this office on November 01, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 05, 2013.





John Steen Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709 TID: 10264

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