

M14000002827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

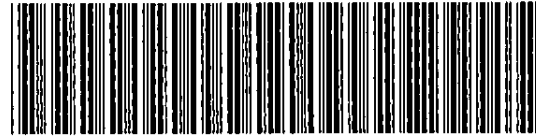
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

APR 25 2014

S. YOUNG

# CLARK HILL

Kathleen M. LaRock  
T 616.608.1117  
F 616.608.1181  
Email: klarock@clarkhill.com

Clark Hill PLC  
200 Ottawa Avenue NW  
Suite 500  
Grand Rapids, MI 49503  
T 616.608.1100  
F 616.608.1199  
  
clarkhill.com

April 22, 2014

BY FEDERAL EXPRESS

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Miami Restaurant Services #1, LLC

Dear Sir or Madam:

Enclosed for filing are two copies of an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Miami Restaurant Services #1, LLC, a Certificate of Good Standing from the State of Delaware, and our check in the amount of \$125.00 to cover the filing fee. When filed, please return a file-stamped copy to me in the enclosed envelope.

Please contact me if you have any questions. Thank you.

Sincerely,

CLARK HILL PLC



Kathleen M. LaRock  
Paralegal

Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Miami Restaurant Services #1, LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

**Kathleen M. La Rock**

Name of Person

**Clark Hill PLC**

Firm/Company

**200 Ottawa Ave., NW, Ste. 500**

Address

**Grand Rapids, MI 49503**

City/State and Zip Code

**klarock@clarkhill.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Kathleen M. La Rock**

**616**

**608-1117**

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy

\$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**FILED**  
**14 APR 23 AM 8 32**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Miami Restaurant Services #1, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. Applied for

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2800 S. River Rd., Ste. 190

Des Plaines, IL 60018

(Street Address of Principal Office)

6. 2800 S. River Rd., Ste. 190

Des Plaines, IL 60018

(Mailing Address)

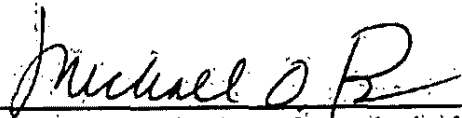
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Michael O. Brown, Manager

2800 S. River Rd., Ste. 190

Des Plaines, IL 60018

8. 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)



Signature of an authorized person.

(In accordance with section 605.0203, 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 8.17.155, F.S.)

Michael O. Brown

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 APR 23 AM 8:33  
FILED

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

**Miami Restaurant Services #1, LLC**

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If unavailable, the alternate to be used in the state of Florida is:

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2. The name and the Florida street address of the registered agent and office are:

**CT Corporation Systems**

---

(Name)

**1200 South Pine Island Rd.**

---

Florida 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 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 605, Florida Statutes.*



---

(Signature)

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 APR 23 AM 8:33

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# Delaware

PAGE 1

## *The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIAMI RESTAURANT SERVICES #1, 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 EIGHTEENTH DAY OF APRIL, A.D. 2014.

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

FILED  
14 APR 23 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AUTHENTICATED BY  1306  
Jeffrey W. Bullock, Secretary of State

DATE: 04-18-14