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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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CORPORATION SERVICE COMPANY ACCOUNT NO. : 12000000195 REFERENCE : 305268 AUTHORIZATION COST LIMIT ORDER DATE: September 19, 2014 ORDER TIME : 3:43 PM ORDER NO. : 305268-320 CUSTOMER NO: 7778942 FOREIGN FILINGS NAME: IHOP RESTAURANTS LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Courtney Williams -- EXT# 62935

FILED

COVER LETTER

2014 SEP 29 AM 8: 26

TO: Registration Section Division of Corporations

IHOP Restaurants LLC

icate of Florida..

Name of Limited Liability Company

	Name of Person
	Corporation Service Company
	Firm/Company
	Address
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
her info	rmation concerning this matter, please call:
	Name of Contact Person Area Code Daytime Telephone Number

FILED

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

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

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1 IHOP Restaurants 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 3.
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4 Upon filing
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
_{5.} 7th Floor, 450 N. Brand Blvd.
Glendale, CA 91203
(Street Address of Principal Office)
_{6.} 7th Floor, 450 N. Brand Blvd.
Glendale, CA 91203
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
See attached list
See attached list
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)
Paul Zolnowski
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 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.)
Paul Zolnowski
Typed or printed name of signee

28/4 SEP 29 MM 8:26

IHOP Restaurant LLC

Managers:

Julia A. Stewart 7th Floor; 450 N. Brand Blvd. Glendale, CA 91203

Thomas W. Emrey 7th Floor, 450 N. Brand Blvd. Glendale, CA 91203

Bryan R. Adel. 7th Floor, 450 N. Brand Blvd. Glendale, CA 91203

Kevin P. Burns 7th Floor, 450 N. Brand Blvd. Glendale, CA 91203

Bernard John Angelo 7th Floor, 450 N. Brand Blvd. Glendale, CA 91203

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDARY STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

IHOP Restaurants LLC						
If unavailable, the alternate to be used in the state of Florida is:						
2. The name	and the Florida street a	address of the registered agent and office are:	-			
	Corporation Service C	Company				
	(Name)					
	1201 Hays Street					
	Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Tallahassee	32301 FL				
		City/State/Zip				
liability comp registered ago statutes relati	any at the place designa ent and agree to act in th ng to the proper and con	ent and to accept service of process for the above stated in this certificate, I hereby accept the appointment his capacity. I further agree to comply with the proving mplete performance of my duties, and I am familiar as registered agent as provided for in Chapter 605, Courney Williams Asst. Vice President (Signature)	ent as visions of all with and			

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 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 "IHOP 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 TWENTY-SECOND DAY OF SEPTEMBER, A.D.

2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IHOP RESTAURANTS LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2014.

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

5576154 8300

141208234

AUTHENTY CATION: 1719487

DATE: 09-22-14

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