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THE PRINTERS

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/6/15

NAME: COMMERCE RESTAURANT PARTNERS, LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Commerce Restaurant Partners, 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 flability company to transact business in Florida |
| Please return all correspondence concerning this matter to the following: |
| Melissa MacLeod, General Counsel |
| Name of Person |
| Starr Restaurants |
| Firm/Company |
| 134 Market Street |
| Address |
| Philadelphia, PA 19106 |
| City/State and Zip Code |
| melissa.macleod@starr-restaurant.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Melissa MacLeod 267 238-3645 |
| 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: State |



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 1, 2015

FLORIDA FILING & SEARCH SERVICES, INC. ATTN: PAUL HODGE

SUBJECT: COMMERCE RESTAURANT PARTNERS, LLC

Ref. Number: W15000022600

We have received your document for COMMERCE RESTAURANT PARTNERS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 215A00006459



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2015

FLORIDA FILING & SEARCH SERVICES, INC. ATTN: PAUL HODGE

SUBJECT: COMMERCE RESTAURANT PARTNERS, LLC

Ref. Number: W15000022600

We have received your document for COMMERCE RESTAURANT PARTNERS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call \$ (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 615A00006676

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:

| 1. Commerce Restaurant Partners, 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 Liability Company," "L.L.C," or "LLC.") | name must include "Limit | ted | |
| _{2.} Pennsylvania _{3.} | | | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) | | | |
| 4. April 25, 2012 | | | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | <u> </u> | | |
| _{5.} 134 Market Street | | - | |
| Philadelphia, PA 19106 | တို့သို့ ယ | Properties | |
| (Street Address of Principal Office) | | | |
| _{6.} 134 Market Street | FL07 | - | |
| Philadelphia, PA 19106 | 25 % 25 % | Manage of Particular | |
| (Mailing Address) | | | |
| 7. The name, title or capacity and address of the person(s) who has/have authority to | manage is/are: | | |
| Starr Restaurant Organizaion, LP, MGR- 134 Market St, Philadelphia | • | | |
| The state of the s | , 170100 | | |
| | | | |
| | | | |
| | | | |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authorated is an original certificate of existence, no more than 90 days old, duly authorated is a compared. | enticated by the office | cial | |
| acceptable. If the certificate is in a foreign language, a translation of the certificate und | i photocopy is not der oath of the transit | ator | |
| must be submitted) | | | |
| Paris | | | |
| Sinterior | ATVEN. | | |
| Signature of an authorized person in secondance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjor at ware that any false information submitted in a document to the Department of State constitutes a third degree felony as pro- | ury that the facts stated herein vided for in s.817,155, F.S.) | are irue. | |
| Bruce W. Koch, Authorized Person | | | |
| Typed or printed name of signee | | | |

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 Co | ompany is: | | |
|---|---|--------------------------|----------------------|
| Commerce Restaurant | Partners, LLC | | |
| If unavailable, the alternate to be used in | the state of Florida is: | | |
| 2. The name and the Florida street addr | ess of the registered agent and office are: | 15 74L | |
| Registered Ag | gent Solutions, Inc. | HAR 31 | -Bigra |
| | (Name) | 131 131 1331 | eren ere eren ber |
| 155 Office Pla | aza Dr., Suite A | | 9 2 21,500 |
| Florida Street | Address (P.O. Box NOT ACCEPTABLE) | 4: 58 STATE LORIDA | |
| Tallahassee | FL 32301 | 58 10A | |
| | 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.

(\$ignature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

MARCH 27, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING

I DO HEREBY CERTIFY THAT,

Commerce Restaurant Partners, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Acting Secretary of the Commonwealth

Redus C. Contés

Certification Number: 12519564-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp