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**S Warren** AUG 0 1 2016



July 12, 2016

DEBORAH MEAD 325 SUB WAY MILFORD, CT 06461

SUBJECT: MD PIZZA, LLC Ref. Number: W16000048382

We have received your document for MD PIZZA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 116A00014582

## **COVER LETTER**

TO:	Registration Section Division of Corporations							
CHIDAE	MD PIZZA, LLC							
SUBJECT: Name of Limited Liability Company								
		or Authorization to Transact Business in Florida," Certificate of foreign limited liability company to transact business in Florida						
Please r	urn all correspondence concerning this matter to the follow	wing:						
	Deborah Mead							
Name of Person								
	Franchise World Headquarters, LLC	,						
	ompany							
	325 SubWay							
	Add	iress						
Milford, CT 06461								
City/State and Zip Code								
	mcad_d@subway.com							
	E-mail address: (to be used for f	uture annual report notification)						
For furt	r information concerning this matter, please call:							
	Deborah Mead	800 888-4848 ext 1407						
	Name of Contact Person	Area Code Daytime Telephone Number						
	AILING ADDRESS: Division of Corporations egistration Section O. Box 6327 fallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
Enclose		\$155.00 Filing Fee & \$\square\$						

## 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:

CONTRACTO THE CALCULATION DO	CHILLES EVILLIZION I DOI					
MD PIZZA, LLC						
(Name of Fore	ign Limited Liability Company;	; must include "Limited I	iability Company,"	"L.L.C.," or "LL	C.")	
MAMA DELUCA PI						
If name unavailable, enter al liability Company," "L.L.C,	ternate name adopted for the pur " or "LLC.")	rpose of transacting busing	ness in Florida. The	alternate name m	ust include	"Limited
DELAWARE		3.	20-80259			
(Jurisdiction under the law company is organized)	of which foreign limited liability	ý	(FEI number,	if applicable)		
UPON FILING						
	(Date first transacted bu (See sections 605.0904 & 0	isiness in Florida, if prior 605.0905, F.S. to determ	to registration.) ine penalty liability	)		
325 SUB WAY	·					
MILFORD, CT 06461						
225 0110 111 11	(Street Address	s of Principal Office)			~.3	
325 SUB WAY				1,41	500 .	-E.L
MILFORD, CT 06461				<b>圣</b> 篇	( <u>15</u>	Northwest S. F.
, , , , , , , , , , , , , , , , , , , ,	(Maili	ing Address)			1.7	
Name and street address	s of Florida registered agent:	(P.O. Box NOT acce	ptable)	SE SE	م D	m
Name:	Corporation Service Compa	any		0.13 1.03	ىب	0
Office Address:	1201 Hays St.		<del></del>	RIFE	56	
	Tallahassee		Florida 3230	01		- 15° "
	(City)	7)	(2	Zip code)		
esignated in this applicate complywith the provision	gistered agent and to accept tion, I hereby accept the appoints of all statutes relative to the agent of the agent with the ag	ointment as registered the proper and comple ent.	l agent and agree ete performance d STVP	to act in this ca of my duties, an	pacity. I	further a
	O (Me	ignacied agent a aignatur	c,			
. The name, title or capa	icity and address of the persor	n(s) who has/have auth	ority to manage is	s/are:		
David S. Worroll - Ma	nager					
John Pfannenbecker - l	Manager					
Mildred K. Shinn - Ma						
Attached is a certificate risdiction under the law of the translator must be su	Bes	0 days old, duly authenne certificate is in a for	eign language, a ti	cial having cust ranslation of the	ody of rec	ords in the under o
his document is executed	/ in accordance with section 60	· ·		vare that any fal	se informa	ntion
	the Department of State cons	stitutes a third degree f				ш
	David	l S. Worroll				

Typed or printed name of signee

<u>Delaware</u>

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MD PIZZA, 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 JULY, A.D. 2016.

Authentication: 202704075

Date: 07-22-16