## MICOODIO268

(Re	equestor's Name)	
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## **COVER LETTER**

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TO:

Registration Section Division of Corporations

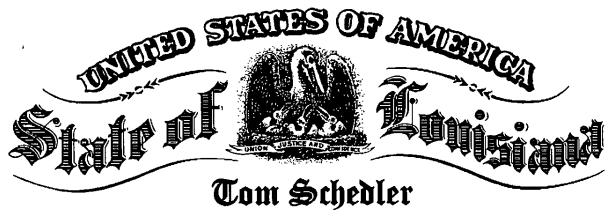
SUBJECT:	Ruth's Chris Steal	k House Franchise, LLC					
bebuiler		Name of L	imited Liability Con	mpany			
		eign Limited Liability Compa I to register the above refere					
Please return al	Il correspondence co	oncerning this matter to the f	ollowing:				
	Sonia P. Bautist	a					
		Na	me of Person				
	Ruth's Hospitali	ty Group, Inc.					
	Firm/Company						
	1030 W Canton Avenue Suite 100						
	Address						
	Winter Park, FL	. 32789					
		City/St	ate and Zip Code				
	sbautista@rhgi.co	om					
		E-mail address: (to be used	for future annual rep	port notif	ication)		
For further info	ormation concerning	g this matter, please call:					
Sonia	P. Bautista		407 at ( )	829-340	8		
	Name o	f Contact Person	Area Code	Dayt	ime Telephone Number		
Divisi Regist P.O. I	ting ADDRESS: ion of Corporations tration Section 30x 6327 nassee, FL 32314		D Ro Ci 26	pivision o egistration lifton Bu 661 Exec	ADDRESS: f Corporations on Section ilding outive Center Circle e, FL 32301		
	heck for the follow 25.00 Filing Fee	ing amount:  ■ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filing I Certified Copy	Fee &	□ \$160.00 Filing Fee, Cer of Status & Certified Copy		

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

	ris Steak House Fr	anchise, LLC						
(Name of Fore	ign Limited Liability	Company; must	include "Li	mited Liability C	Company," "L.L.(	C.," or "LLC	.")	<del></del>
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f name unavailable, enter alt iability Company," "L.L.C,"	ernate name adopted or "LLC.")	for the purpose	of transactii	ig business in Flo	orida. The alterna	ate name mu	st include	"Limited
Louisiana			3.	45-2810169				
(Jurisdiction under the law company is organized)	of which foreign limi	ted liability	<i>5.</i>	(FE	I number, if appl	icable)		<del></del>
volupility to organizaty		January 1, 2	.017					
	(Date first tra	nsacted business 05.0904 & 605.0		if prior to regist	ration.)			
1030 W Canton Avenue		13.0904 & 603.0	903, F.S. 16	determine penal	ту паонку)			
Winter Park, FL 32789		<del> </del>						
		et Address of Pri	incipal Offic	ce)		<del></del>		
1030 W Canton Avenue	•			,				
Winter Park, FL 32789						7.46° 64	<b>5</b>	
		(Mailing Ac	idress)				2	
Name and street address	s of Fiorida register	red agent: (P.O	Roy NO	T accentable)			(C)	migra or .
Name:	Corporation Servi		1. DOX 11. <u>0</u>	<u>1</u> 4000p41010)		<u> </u>		ar Na
	1201 Hays Street		· · · · · · · · · · · · · · · · · · ·	<del></del>			<b>⊒</b> € 3	J
Office Address:				22221	98.7 7.1	2: 2		
	Tallahassee	(C): )	···	, Flo	rida 32301		+	
gistered agent's accept	ance:	(City)			(Zip cod	ie)		
rving been named as reg	nstered agent and t	to accept services the appointment	ient as reg	istered agent a	nd agree to act	in this cap	acity. I	further ag
signated in this applicati complywith the provisio	ns of all statutes re	elative to the protection to the protection of t						
signated in this applicati complywith the provisio	ns of all statutes re y position as regis	elative to the protection of t	analæ)	OSSISTANT			conto.	n Servi
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signated in this applicate complywith the provision cept the obligations of management of the name, title or capace Alice G. Givens	prints of all statutes represent position as registrated and address of the President/General city and the President/General city and the President/General city and the President/General city and the President city	(Chris Ma (Registered the person(s) was ral Counsel 10	ed agent's s who has/hav	e authority to 1	Tecreral  manage is/are: ite 100 Winter)	<u>G</u> , <u>C</u> 0/f Park, FL 32	2789	n Servi

Alice G. Givens

Typed or printed name of signee



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

## **RUTH'S CHRIS STEAK HOUSE FRANCHISE, LLC**

Domiciled at METAIRIE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on July 30, 1985,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

December 15, 2016

Certificate ID: 10776793#N8Q83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Secretary of State
Web34182261K