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(((H17000056514 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : 120120000007

Phone

: (702)866~2500

Fax Number

: (702)866~2689

\*\*Enter the email address for this business entity to be used for fature annual report mailings. Enter only one email address please to the same annual report mailings.

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Foreign Limited Liability Company Rita's Franchise Company, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help D. SCOTT

MAR 1 2017

2/28/2017

## **COVER LETTER**

TO:	Registration Section Division of Corporations	H 170	000	565	43			
SUBJ	Rita's Franchise Company, LLC							
		ame of Limited Liab	lity Com	pany				
The en Existe	nclosed "Application by Foreign Limited Liabili nce, and check are submitted to register the abo	ty Company for Auth ve referenced foreign	orization limited l	to Transact Busi lability company	ness in Florida," C to transact busine	Certifica ss in Flo	te of orida	
Please	return all correspondence concerning this matte	er to the following:						
	Nadine Long							
		Name of Perso	n.					
	InCorp Services, Inc.							
	Firm/Company							
	3773 Howard Hughes Pkwy · Suite	500s						
		Address	,	<del>-</del>				
	Las Vegas, NV 89169-6014				SEC	17		
		City/State and Zip	Code	- <u></u>	<b>三</b>	633	77	
	documents@incorp.com				132	j 28	=	
	E-mail address: (t	o be used for future a	nnual rep	ort notification)				
For fu	rther information concerning this matter, please	call:				<u>تت</u> دی	٠	

MAILING ADDRESS: Division of Corporations Registration Section

P.O. Box 6327

Tallahassee, FL 32314

866-2500

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

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$130.00 Filing Fee & □ \$125.00 Filing Fee

Nadine Long on behalf of InCorp Services, Inc.

Name of Contact Person

Certificate of Status

■ \$155.00 Filing Fee &

Certified Copy

702

Area Code

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

4170000565143

## 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

COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

COMPANY TO TRANSACTER STURES. IN THE STATE OF FLORIDA:

name unavallable, enter altability Company," "L.L.C,"		e "Limited Liability Company," "L.L.C.," or	"LLC.")
bility Company," "L.L.C,"	amata nama adonted for the number of the		
No.1-1-1-1-	or "LLC.")	sacting business in Florida. The alternate nam	ne must include "Limited
Delaware	3		
company is organized)	of which foreign limited liability	(FEI number, if applicable)	1
Upon Registration			_
	(Date first transacted business in Flo (See sections 605,0904 & 605,0905, F.	rida, if prior to registration.) S. to determine penalty liability)	
1210 Northbrook Drive			_
Trevose, PA 19053			
	(Street Address of Principal	Office)	T.S
1210 Northbrook Drive,	, Suite 310		- EG
Trevose, PA 19053			温のコ
	(Malling Address)		28 LT
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	高。四
	InCorp Services, Inc.	<u> </u>	三 当 至 し
Name:	medip services, me.	<del></del>	GH G
Office Address:	17888 67th Court North		電品 5
	Loxahatchee	, Florida	
egistered agent's accept	(City)	(Zip code)	
signated in this applicat complywith the provisio	tion, I hereby accept the appointment a	process for the above stated limited liable s registered agent and agree to act in the and complete performance of my duties  Nadine Long on behalf of InC	is capacity. I further agr s, and I um familiar with t
	(Registered age		- ·
The name, title or capa	city and address of the person(s) who ha	s/have authority to manage is/are:	
WIFC Holdings, LLC, M	fanaging Member		
60 West Valley Road, Su	lite 2900 Wayne, PA 19087		
risdiction under the law of the translator must be su	of which it is organized. (If the certificate	duly authenticated by the official having e is in a foreign language, a translation o	custody of records in the f the certificate under oath

H170000565140

Typed or printed name of signee

Kirk Griswold

## H170000262143

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "RITA'S FRANCHISE COMPANY, 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 SECOND DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RITA'S FRANCHISE COMPANY, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

7 FES 28 MI 9 47
SECRETARY OF STATE
AND ANASSITE FLORIDA

6191120 8300 SR# 20170604703

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



Authentication: 201973064

Date: 02-02-17