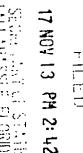
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(Requestor's Name)
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PICK-UP WAIT MAIL
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S. WARREN HOV 1 5 2017



October 25, 2017

DOUG HALL 4604 HAL STREET CHATTANOOGA, TN 37416

SUBJECT: QUANTUM RESTAURANTS, LLC

Ref. Number: W17000085397

We have received your document for QUANTUM RESTAURANTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Letter Number: 317A00021557

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO:

то:	Registration Section Division of Corporation	ns				
eun n	QUANTUM RESTA	AURANTS LLC				
SUBJI	EC1:	Name of	Limited Liability (	Company		
					insact Business in Florida," Ce v company to transact business	
Please	return all correspondence of	concerning this matter to the	following:			
	DOUG HALL					
		٨	lame of Person		- <del> </del>	
	QUANTUM R	ESTAURANTS LLC				
		Į-	irm/Company	<u>-</u>	<del></del>	
	4604 HAL STF	REET				
			Address			
	CHATTANOC	GA TN 37416				
		City/9	State and Zip Code			
	DHALL@SILVI	ERCANYONGROUP.COM	1			
		E-mail address: (to be use	ed for future annual	report not	ification)	
For fu	rther information concerning	g this matter, please call:				
	DOUG HALL		646 at (	342-04:	59	
	Name o	of Contact Person	Area Code	/Day	rtime Telephone Number	
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, Fl. 32314	•		Division Registrat Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding centive Center Circle see, FL 32301	
Enclos	sed is a check for the follow □ \$125.00 Filing Fec	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Certified Status & Certified Copy	ficate

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

IN COMPILANCE 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:

t nume unavailable, enter alternate na	ine adopted	for the purpose of transacting business in Fl	orida. The alternate	name must include "Limited Li	iability Company,	""L.L.C," or	"L1,C,")
DELAWARE			3. 82-	2974529			
(Jurisdiction under the law of wh	ich toreign	limited liability company is organized)			nber, il applicable	•)	
	(Date	first transacted business in Figurea, if prior to	registration.)				
4604 HAL STREET	(See	sections 605,0904 & 605,0905, F.S. to determ		4 HAL STREET			
(Street Address of P	กละเกลไ () ก็	lice1		(Mailing Ad			<del></del>
CHATTANOOGA, TN	37416		CHA	ATTANOOGA, TN 3	7416		<u>_</u>
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. Name and street addres		rida registered agent: (P.O. Bo	x <u>NOT</u> accep	otable)		* 0V	— <u>}</u>
Name:	DOUG	HALL				Έ ω	
Office Address:	1705 S	E INDIAN				- 3	03
Office Address.	STUA	RT		Florida 34994	=		
	SIUM						
laving been named as re- esignated in this applicate comply with the provisi	ance: gistered tion, I h ons of a	agent and to accept service of ereby accept the appointment of statutes relative to the proper position as registered byent.	as registered r und comple	agent and agree to ac	تن d liability co t in this cap	acity. If	urther agi
esignated in this applicate comply with the provisi nd accept the obligations  3. The name, title or capa	tance: gistered tion, I h ons of a of my	agent and to accept service of ereby accept the appointment of the statutes relative to the proper position as registered by entire (Regreged agent).	as registered r and comple s signature) as/have autho	he above stated limite agent and agree to acte performance of my	z:od liability co et in this cap et duties, and	ucity. If I am fan	urther agr niliar with
laving been named as regestinated in this applicate comply with the provisind accept the obligations  3. The name, title or capa Title or Capacity:	tance: gistered gion, I h ons of a of my	agent and to accept service of ereby accept the appointment of statutes relative to the proper position as registered from (Regioned agent)	as registered r and comple s signature) as/have autho	he above stated limite agent and agree to ac te performance of my	z:od liability co et in this cap et duties, and	acity. If	urther agr niliar with
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laving been named as registing the provision of accept the obligations.  The name, title or capa Title or Capacity:  OFFICER DOUG.  Use attachments if necessarisdiction under the law of the translator must be sufficient.	city and	agent and to accept service of ereby accept the appointment of statutes relative to the properosition as registered legent.  (Registered agent)  I address of the person(s) who hame and Address:  4604 HAL STREET  CHATTANOOGA, TN 3741  cince, no more than 90 days old it is organized. (If the certifical	as registered r and comple signature) has/have author Title of 6	he above stated limite agent and agree to acte performance of my ority to manage is/are: or Capacity:	Name a	acity. I f	ess:  ords in the under oat

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "QUANTUM 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-FOURTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUANTUM RESTAURANTS, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2017.

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

STATE OF THE PARTY OF THE PARTY

Authentication: 203453238

Date: 10-24-17

6560713 8300 SR# 20176768703