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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

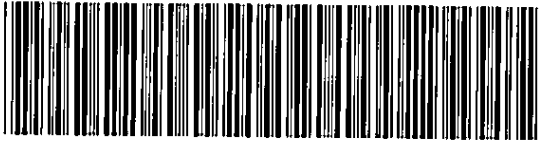
(Business Entity Name)

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2020 NOV -4 AM 9:29
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TALLAHASSEE, FLORIDA

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CT CORP**3458 Lakeshore Drive, Tallahassee, FL 32312****850-656-4724****Date:** 11/4/2020

Acc#120160000072

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Name:	BOJANGLES OPCO, LLC
Document #:	
Order #:	13336238 - 7

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
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Amount: \$ **125.00**Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bojangles Opco, 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 liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Elizabeth Campbell, Paralegal

Name of Person

Robinson, Bradshaw & Hinson, P.A.

Firm/Company

101 N. Tryon St. Ste 1900

Address

Charlotte, NC 28246

City/State and Zip Code

lroberts@bojangles@com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Campbell

704

377-8170

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

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

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. Bojangles Opeo, 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 name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. upon filing
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9432 Southern Pine Blvd.
(Street Address of Principal Office)

6. 9432 Southern Pine Blvd.
(Mailing Address)

Charlotte, NC 28273-5553 Charlotte, NC 28273-5553

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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TALLAHASSEE, FLORIDA

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: jin Song C T Corporation System
jin Song, Assistant Secretary
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Bojangles Issuer, LLC

☒ Member Address: 9432 Southern Pine Blvd.

☐ Authorized Charlotte, NC 28273-5553

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Laura Roberts

☐ Member Address: 9432 Southern Pine Blvd.

☐ Authorized Charlotte, NC 28273-5553

Person _____

☒ Other Secretary/Chief ☐ Other _____

Legal Officer/Compliance Officer

☐ Manager Name: Brian L. Unger

☐ Member Address: 9432 Southern Pine Blvd.

☐ Authorized Charlotte, NC 28273-5553

Person _____

☒ Other COO ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: José Armario

☐ Member Address: 9432 Southern Pine Blvd.

☐ Authorized Charlotte, NC 28273-5553

Person _____

☒ Other CEO/President ☐ Other _____

☐ Manager Name: Reese Stewart

☐ Member Address: 9432 Southern Pine Blvd.

☐ Authorized Charlotte, NC 28273-5553

Person _____

☒ Other CFO and Treasurer ☐ Other _____

☐ Manager Name: Jose Costa

☐ Member Address: 9432 Southern Pine Blvd.

☐ Authorized Charlotte, NC 28273-5553

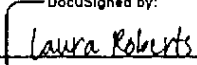
Person _____

☒ Other CDO ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DocuSigned by:

 4025563490624F3... Signature of an authorized person

Laura Roberts

Typed or printed name of signer

Officers of Bojangles Opco, LLC

- Chief Executive Officer and President: **Jose Armario**
- Chief Operating Officer: **Brian L. Unger**
- Chief Financial Officer and Treasurer: **Reese Stewart**
- Chief Legal Officer, Secretary and Compliance Officer: **Laura R. Roberts**
- Chief Development Officer: **Jose Costa**
- Chief Restaurant Support Officer: **Kenneth Koziol**
- Chief Marketing Officer: **Jackie S. Woodward**
- Chief People Officer: **Monica Sauls**
- Vice President, Information Technology: **Adam Padgett**
- Vice President, Finance: **Keith Vigness**
- Vice President, Menu & Culinary Innovation: **Marshall Scarborough**
- Vice President, Business Insights: **Debra Wiesenberger**
- Vice President, Franchise Operations and Training: **Robert Garcia**

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOJANGLES OPCO, 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 THIRD DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOJANGLES OPCO, LLC" WAS FORMED ON THE THIRD DAY OF FEBRUARY, A.D. 2020.

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



7832897 8300

SR# 20208192490

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203997851

Date: 11-03-20