

ACCOUNT NO. : 07210000032

REFERENCE: 303494 4300123

AUTHORIZATION :

ORDER DATE : July 12, 1999

ORDER TIME: 2:35 PM

ORDER NO. : 303494-010

CUSTOMER NO:

4300123

300002944353---5

CUSTOMER: Ms. Claudia A. Natali

Battle Fowler Llp 75 East 55th Street Park Avenue Tower

New York, NY 10022

FOREIGN FILINGS

ME: NASH RESTAURANT ASSOCIATES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 2, 1999

CSC

SUBJECT: NASH RESTAURANT ASSOCIATES LLC

Ref. Number: W99000017516

We have received your document for NASH RESTAURANT ASSOCIATES LLC and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

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) 487-6043.

Shawn Logan Document Specialist

Letter Number: 999A00039033

99 JUL 28 PM 3: 44
SECKETARY OF STATE
TALLAHASSEF FLORIDA



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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	NASH RESTAURANT ASS	OCIATES I	LLC				_	
	(Name of foreign limited liability corcompany" or their abbreviations "L.L					or "limited"	_	
2	DELAWARE		3N/A					
-	(Jurisdiction under the law of which company is organized)	foreign limite	d liability	(FEI numb	er, if applicabl	e)	-	
4	JUNE 16, 1999		5. 2050					
	(Date of Organization)			Year limited li st or "perpetua		ıy will	-	
6.	JULY 27 , 1999							
υ.	(Date first transacted b	usiness in Floi	rida. (See secti	ons 608.501, 6	08.502 and 81	7.1 <i>55</i> , F.S.)	-	
7.	415 Madison	Avenue,]	LOth Fl.,	New York	, NY 1001	.7		
<i>'</i> •		<u> </u>			,		-	
							-	
		(Street a	ddress of princip	oal office)				
8.	List name, title, and business ad	dress of each	h managing n	nember [MG]	RM] or mana	ger [MGR] v	who	
	will manage the foreign limited	liability con	npany in Flor	ida: (attach a	dditional pa	ge if necessa	ry)	
	NAME & ADDRESS:	TITLE:	NAME	& ADDRESS	: Т	TTLE:		
	Michael Freundlich	MGRM	<u></u>		· · · · · · · · · · · · · · · · · · ·			
	DAVID BERDON & COMPANY					7		
	415 Madison Ave., 10th Fl.					ECEL ALLAI	Nr 66	
	New York, NY 10017					芸芸	L 28	11
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						Y OF STATE SEE, FLORIDA	₽	ED

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The member or authorized representative of a member of NASH REST.	AURANT	
ASSOCIATES LLC certifies:		
1) the above named limited liability company has at least one member;		
2) the total amount of cash contributed by the member(s) is	\$ 1,000.00;	
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	s ;	
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$ 1,000.00	
METALLIA STATE OF THE STATE OF		
Signature of a member or an authorized representative of a member of accordance with section 608.408(3), Florida Stalunes, the execution of this affidavit constitutes an affirmation under the panalties of parjury that the faces stated herein are true.)	36r.	
Michael Freundlich	 -	
Typed or printed name of signee	FILED 99 JUL 28 PM CRETARY OF S LLAHASSEE, FL	
Filing For: \$250,00 for Application and Affidavit	9 3: 1 3: 1 3:	

CERTIFICATÉ OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	rrant Associates LLC			
The name and	the Florida street address of the registered agent and office are:			
Corporation Service Company				
-	(Name)	•		
	1201 Hays Street			
_	Florida street address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee FL 32301			
	City/State/Zip			

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

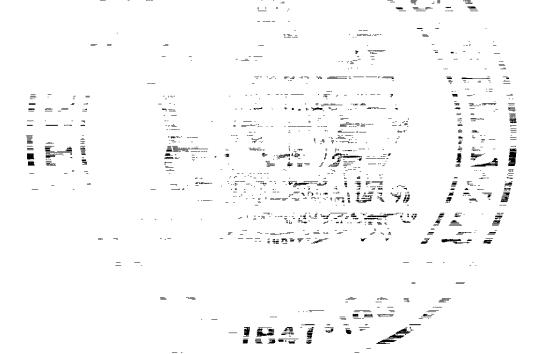
Filing Fee: \$ 35 for Designation of Registered Agent

FILED SILLA SECRETARY CHISTA LA TALLAHASSEE, FLORIDA

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NASH RESTAURANT ASSOCIATES 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 TWELFTH DAY OF JULY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



3057005 8300 991282975



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Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: