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(Requestor's Name)	
(Address)	
(Address)	
•	
(City/State/Zip/Phone #)	•
<u> </u>	
PICK-UP WAIT MAIL	
(Business Entity Name)	٠
(Document Number)	•
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528

HOLD FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

2FKAICE2	CORPORATIO	N NAME (S) AND DOCUM	
First Coast Franchising, Inc.	(FILE FIRST)		1. L. O. O.
Filing Evidence ▶ Plain/Confirmation	1 Сору	Type of Docume ☐ Certificate of State	ent Pri
□ Certified Copy		⊠ Certificate of Goo	od Standing
		□ Articles Only	
Retrieval Requestion Photocopy Certified Copy	st	☐ All Charter Docu Articles & Amen ☐ Fictitious Name (☐)	dments
NEW FILINGS	AMENDME	NTS	
Profit	Amendment		
Non Profit	Resignation	of RA Officer/Director	
Limited Liability	Change of R	egistered Agent	
Domestication	Dissolution/\	Withdrawal	
Other	Merger		

OTHER FILINGS
Annual Reports
Fictitious Name
Name Reservation
Reinstatement

	REGISTRATION/QUALIFICATION
X	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

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N COMPLIANO REGISTER A FO	CE WITH SE OREIGN CO	CTION 607. RPORATIO	1503, FLOR N TO TRANS	IDA STA SACT BU	TUTES, THI ISINESS IN T	FOLLOW THE STATE	ING IS SU OF FLOI	BMITTEL UDA.	700
I. <u>Firs</u> (Enter name of "Inc.," "Co.," "	corporation;	must include '	"INCORPOR	nc. ATED,"	"COMPANY,	" "CORPOI	RATION,"		CER STATUTA
(If name unava							_		Florida)
. Nort	h Carol ry under the la	ina w of which it	is incorporate	3 d)	· -U-	(FEI numbe	r. if applica	ble)	
•	y ander are re	., 01 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in moorborne	-,		(-,	
1. <u>6/3/</u>	2003	ration)		5	(Duration: Ye	Perpet	cual	ict on the	atrio!??
(Da	ate of incorpo	ration)		,	Duranon; re	ar corp. will	cease to ex	ist or perp	etuai)
3. <u>Ope</u> r	ation o		(Current maili	ing addre	ss) ng Servi	ces	- 1		
9. Name and <u>st</u>	treet addres	s of Florida	registered a	gent: (I	P.O. Box or N	Iail Drop B	ox <u>NOT</u> a	cceptable)
Name:	Richar	d Bauer							
Office Address:	4417 B	each Bou	levard,	Ste	<u> 10</u> 3	7		÷ .	
	Jackson	nville			, Florida	32207	t.		
		(City)				(Zip code	e)		
10. Registered	amed as regi	stered agent		pointme	e of process j ent as registe lative to the p	red agent a			

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman:	Michael P. Kearns
Address: _	801 Jones Franklin Road, Suite 230
_	Raleigh, NC 27606
Vice Chairn	nan:
Address:	
_	
Director: _	
Address: _	
_	
Director: _	
Address: _	
. <u> </u>	
B. OFFIC	CERS
President:	Michael P. Kearns
Address: _	801 Jones Franklin Road, Suite 230
_	Raleigh, NC 27606
Vice Presid	ent:
Secretary:	
Address: _	
Treasurer:	
Address: _	
NOTE: If	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	Will Fr., PRESIDENT/DIRECTOR
1.4	(Signature of Director or Officer listed in number 12 of the application)
14	Michael P. Kearns, President/Director (Typed or printed name and capacity of person signing application)



State of North Carolina Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

FIRST COAST FRANCHISING, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 3rd day of June, 2003, with its period of duration being.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State, if applicable; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of October, 2004.

6 laine J. Marshall

Secretary of State

Certification Number: 81087568-1 Page: 1 of 1 Ref.# 6104206-Verify this certificate online at www.secretary.state.nc.us/Verification.