



THE UNITED STATES  
CORPORATION  
COMPANY

# A99000000113

ACCOUNT NO. : 072100000032

REFERENCE : 103265 4326591

AUTHORIZATION : *Patricia Pizant*

COST LIMIT : \$ 1137.50

ORDER DATE : January 19, 1999

ORDER TIME : 12:57 PM

000002746420--5

ORDER NO. : 103265-025

CUSTOMER NO: 4326591

CUSTOMER: Curt P. Creely, Esq  
FOWLER WHITE GILLEN BOGGS  
FOWLER WHITE GILLEN BOGGS  
Suite 1700  
501 East Kennedy Boulevard  
Tampa, FL 33602

DOMESTIC FILING

NAME: HOPS OF LOUISIANA, LTD.

EFFECTIVE DATE:

       ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JAN 19 AM 8:44

RECEIVED  
99 JAN 19 PM 1:39  
DIVISION OF CORPORATION

*LP - 1085.00  
CENT - 52.50*

*bx  
1/19/99*

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
HOPS OF LOUISIANA, LTD.,  
a Florida limited partnership**

The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, hereby states the following:

(a) Name of the Limited Partnership:

HOPS OF LOUISIANA, LTD.

(a1) The address of the limited partnership:

c/o Hops Grill & Bar, Inc.  
2701 North Rocky Point Drive, Suite 300  
Tampa, Florida 33607

(b) The name and address of the agent for service of process:

Corporation Service Company  
1201 Hayes Street  
Tallahassee, Florida 32301

(c) The name and business address of each general partner:

Hops Grill & Bar, Inc.  
2701 North Rocky Point Drive, Suite 300  
Tampa, Florida 33607

(d) The mailing address for the limited partnership:

c/o Hops Grill & Bar, Inc.  
2701 North Rocky Point Drive, Suite 300  
Tampa, Florida 33607

(e) The latest date upon which the limited partnership is to dissolve:

midnight, December 31, 2049

(f) The effective date of this Certificate of Limited Partnership shall be the date of its filing.

(g) A conveyance or encumbrance of real property held in the Partnership name, and any other instrument affecting title to real property in which the Partnership has an interest, shall be effective if executed in the Partnership name solely by a general partner.

The execution of this Certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JUN 19 AM 8:44

997000009985

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by Terence M. Terenzi, the Chief Financial Officer of Hops Grill & Bar, Inc., the sole general partner of the limited partnership, on this 15<sup>th</sup> day of January, 1999.

General Partner:  
HOPS GRILL & BAR, INC.

By:   
Terence M. Terenzi, Chief Financial Officer

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STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
OF  
HOPS OF LOUISIANA, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JAN 19 AM 8:44

BEFORE ME, the undersigned, personally appeared Terence M. Terenzi, the Chief Financial Officer of Hops Grill & Bar, Inc., the general partner of Hops of Louisiana, Ltd., a Florida limited partnership, hereinafter referred to as the "Partnership," who upon being duly sworn, certified as follows:

The amount of capital contributions to the Partnership made by the limited partners, and the amount currently anticipated to be contributed by the limited partners, will equal, in the aggregate, \$150,000.

FURTHER AFFIANT SAYETH NAUGHT.

Under penalties of perjury I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

GENERAL PARTNER:  
Hops Grill & Bar, Inc.

By: *Terence M. Terenzi*  
Terence M. Terenzi, Chief Financial Officer

The foregoing instrument was acknowledged before me on this 15<sup>th</sup> day of January, 1999,  
by Terence M. Terenzi. He/she  
(check one):

- ☒ is personally known to me; or  
☐ has produced \_\_\_\_\_ as identification.  
(Type of identification)



*Susan Mary Bohne*  
Signature of Notary Public,  
State of Florida

Susan Mary Bohne  
Type or print name  
Commission number: CC635183