

ACCOUNT NO. :

072100000032

REFERENCE :

704151

AUTHORIZATION

COST LIMIT :

\$ 87.50

ORDER DATE: May 19, 2000

OMPANY

ORDER TIME : 3:32 PM

ORDER NO. : 704151-005

CUSTOMER NO:

7170708

CUSTOMER:

Ms. Julie Skukalek

Carrabba's Italian Grill, Inc.

5th Floor

2202 North Westshore Blvd.

Tampa, FL 33607

200003261032--9

FOREIGN FILINGS

NAME:

RY-8, INC.

XXXX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSAC BUSINESS IN FLORIDA

ı. RY	-8, Inc				TED TO SOLUTION OF THE PROPERTY OF THE PROPERT
(Name of cor words or abb	poration; must include the word eviations of like import in langue or partnership if not so contained	age as will clearly indicat	te that it is a cor	CORPORATION" or poration instead of a	
2. Ha	waii	3.		99-0343342 number, if applicable)	
(State or cour	waii try under the law of which it is	incorporated)	(FEI	number, if applicable)	
4. Ju	ne 25, 1999		erpetual	_	
(1	ate of incorporation)	(Duration:	Year corp. wi	ll cease to exist or "perpe	tual")
6. Ju	ne 1, 2000				
(Date f	rst transacted business in Florid	da.) (SEE SECTIONS 60	07.1501, 607.15	502 and 817.155, F.S.)	
7. 7	45 Fort Street, Si	uite 600			
	onolulu, Hawaii 9	6813			
-	(Cu	rrent mailing address)			
8. hc	(Cu 1d a ownership in se(s) of corporation authorized street address of Florida re	rrent mailing address) terest in a re in home state or country	estaurant to be carried o	company out in state of Florida)	
8. hc	(Cu 1d a ownership in se(s) of corporation authorized street address of Florida re	rrent mailing address) terest in a re in home state or country egistered agent: (P.O	estaurant to be carried o	company out in state of Florida)	
8. ho (Purpo	(Cu 1d a ownership in se(s) of corporation authorized street address of Florida re Corporation Service 1201 Havs Street	rrent mailing address) terest in a re in home state or country egistered agent: (P.O	estaurant to be carried o	company out in state of Florida)	
8. hc (Purpo	(Cu 1d a ownership in se(s) of corporation authorized street address of Florida re Corporation Service 1201 Hays Street	rrent mailing address) terest in a re in home state or country egistered agent: (P.O	estaurant to be carried of Box or Mail , Florida, 32	company out in state of Florida) Drop Box <u>NOT</u> accep	
9. Name and Name Office Address	(Cu 1d a ownership in se(s) of corporation authorized street address of Florida re Corporation Service 1201 Hays Street	terest in a rein home state or country egistered agent: (P.O	estaurant to be carried of Box or Mail , Florida, 32	company out in state of Florida) Drop Box <u>NOT</u> accep	
9. Name and Name Office Address 10. Registered Having been nothis application with the provise	d a ownership in se(s) of corporation authorized street address of Florida recorporation Services 1201 Hays Street Tallahassee d agent's acceptance: med as registered agent and to I hereby accept the appointment ons of all statutes relative to the of my position as registered age	terest in a rein home state or country egistered agent: (P.O e Company accept service of process ent as registered agent are proper and complete perint.	estaurant to be carried of Box or Mail , Florida, 32 (Zip s for the above and agree to act erformance of	company out in state of Florida) Drop Box NOT accep 2301 code) stated corporation at the in this capacity. I further	table) place designated in ragree to comply
9. Name and Name Office Address 10. Registered Having been nothis application with the provise	d a ownership in se(s) of corporation authorized street address of Florida recorporation Services 1201 Hays Street Tallahassee d agent's acceptance: med as registered agent and to I hereby accept the appointment ons of all statutes relative to the of my position as registered age	terest in a rein home state or country egistered agent: (P.O e Company	estaurant to be carried of Box or Mail , Florida, 32 (Zip s for the above and agree to act erformance of	company out in state of Florida) Drop Box NOT accep 2301 code) stated corporation at the in this capacity. I further	table) place designated in ragree to comply

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
hairman:	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
ldress:	
	9
ce Chairman:	
idress:	29
ector: Roy Yamaguchi	
dress: 250 Kawaihae Street, #18C, Honolulu, HI 96	5825
ector: Terrence M. Lee	
dress: 713 Ailuna Street, Honolulu, HI 96821	· · · · · · · · · · · · · · · · · · ·
OFFICERS (Street address only - P.O. Box NOT acceptable) sident: and Treasurer: Roy Yamaguchi iress: 250 Kawaihae Street, #18C, Honolulu, HI 968	
e President: and Secretary: Terrence M. Lee	
ress: 713 Ailuna Street, Honolulu, HI 96821	
etary:	
ress:	
surer:	
ress:	
TE: If necessary, you may attach an addeddum to the application listing additional office	ers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12	of the application)
Terrence M. Lee, Vice President, Secret: (Typed or printed name and capacity or person signing ap	••





Department of Commerce and Consumer Affa

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department

RY-8, INC.

was incorporated under the laws of Hawaii on 06/25/1999 that it is an existing corporation in good standing, and is duly authorized to transact business.

> IN WITNESS WHEREOF, I have hereunto set $\ensuremath{\mathtt{my}}$ hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: 05/16/2000

Director of Commerce and Consumer Affairs

N Commissioner of Securities

