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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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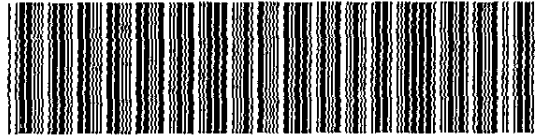
(Business Entity Name)

(Document Number)

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FD3-4189  
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**ACKERSON & YANN**  
A PROFESSIONAL SERVICE CORPORATION  
ONE RIVERFRONT PLAZA  
401 WEST MAIN STREET, SUITE 1200  
LOUISVILLE, KENTUCKY 40202

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BROWNSBORO ROAD BRANCH:  
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E-MAIL ADDRESS:  
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August 14, 2003

Florida Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: D-Boned, Inc.

Dear Sir/Madam:

Enclosed please find the original and one copy of the Application By Foreign Corporation For Authorization to Transact Business for D-Boned, Inc., together with a check in the amount of \$70.00 for the filing fee. Please return a file stamped copy to me in the enclosed self-addressed, stamped envelope.

Thank you for your assistance with this matter. If you have any questions regarding the enclosed, please do not hesitate to contact me.

Sincerely,

*Kelli Pierce*  
Kelli Pierce, Paralegal

Enclosures

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** D-BONED, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANNE COURTNEY COORSSSEN

(Name of Person)

MOSLEY, SAUER & TOWNES, PLLC

(Firm/Company)

401 WEST MAIN STREET, STE. 1900

(Address)

LOUISVILLE, KENTUCKY 40202

(City/State and Zip code)

For further information concerning this matter, please call:

ANNE COORSSSEN

(Name of Person)

at ( 502 ) 589-4404

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|--|---|---|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. D-BONED, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. KENTUCKY 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JULY 24, 2003 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 609 PALMER COURT, CRESTVIEW HILLS, KENTUCKY 41017  
(Principal office address)
- SAME  
(Current mailing address)

8. OWNERSHIP AND MANAGEMENT OF RESTAURANT BUSINESS  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
- Name: CT CORPORATION
- Office Address: 1200 SOUTH PINE ISLAND ROAD  
PLANTATION, Florida 33324  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

Susan J. Metze **Susan J. Metze**  
(Registered agent's signature) **Assistant Secretary**

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: HENRY C. HARRIS

Address: 609 PALMER COURT  
CRESTVIEW HILLS, KY 41017

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: HENRY C. HARRIS

Address: 609 PALMER COURT  
CRESTVIEW HILLS, KY 41017

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: HENRY C. HARRIS

Address: 609 PALMER COURT  
CRESTVIEW HILLS, KY 41017

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: HENRY C. HARRIS

Address: 609 PALMER COURT, CRESTVIEW HILLS, KY 41017

Treasurer: HENRY C. HARRIS

Address: 609 PALMER COURT, CRESTVIEW HILLS, KY 41017

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. HENRY C. HARRIS, PRESIDENT

(Typed or printed name and capacity of person signing application)



**John Y. Brown III**  
**Secretary of State**

**Certificate of Existence**

I, John Y. Brown III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**D-BONED, INC.**

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is July 23, 2003 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 23<sup>rd</sup> day of July, 2003.



*John Y. Brown, III*  
\_\_\_\_\_  
John Y. Brown III  
Secretary of State  
Commonwealth of Kentucky  
PBlevins/0564536