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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP ☐ WAIT MAIL (Business Entity Name) (Document Number) Certified Copies ___ Certificates of Status Special Instructions to Filing Officer: w03-22555

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

FILED 03 AUG 22 AM 10: 06

THUSE MAKE OF STATE TAST MHASSEE, FLORIDA

August 8, 2003

ROBERT & SHERRI BRACKETT 29 CUNA STREET ST. AUGUSTINE, FL 32084

SUBJECT: COBBLESTONE CAFE, INC.

Ref. Number: W03000022555

We have received your document for COBBLESTONE CAFE, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 903A00045542

TRANSMITTAL LETTER

FILED

03 AUG 22 AM 10: 06

Certified Copy

TO: Registration Section Division of Corporations which and the STATE TALL AHASSEE, FLORIDA 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: For further information concerning this matter, please call: on) (Area Code & Daytime Telephone Number) STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$87.50 Filing Fee, ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status &

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 22 AH 10: 06 1. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or "STATE 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. Delaware 3. 51-0465433 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 6, 2003 [Date of incorporation] 5. Perpetual "5" corp. (Duration: Year corp. will cease to exist or "perpetual")
6. Opon Gualification.") (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. 29 Cona Street St. Augustine FL 32084 (Principal office address)
29 Cuna Street St. Augustine FL 32084 (Current mailing address)
8. Cafe Operation (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: Robert Brackett
Office Address: 27 Cuna Strort 32084
St Augustine FL, Florida Bassy (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.
RAR II
(Registered agent's signature) 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 FILED Chairman: _ 03 AUG 22 AM 10: 06 Address: _ Vice Chairman: Address: _ Director: Address: Director: Address: **B. OFFICERS** President: Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

Delaware

The First State

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JIAIC TU LTHE, HULL

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COBBLESTONE CAFE, INC. " IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF AUGUST, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COBBLESTONE CAFE, INC. " WAS INCORPORATED ON THE SIXTH DAY OF MAY, A.D. 2003.

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

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2591734

DATE: 08-20-03

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