

F05000000877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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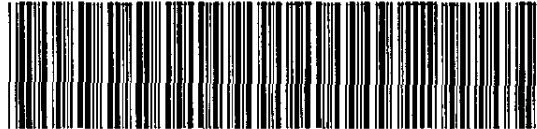
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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F05-877
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEACHSIDE RESTAURANT CONSULTING, 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:

THOMAS F. SMITH

(Name of Person)

BEACHSIDE RESTAURANT CONSULTING, INC.

(Firm/Company)

66 REDFISH CIRCLE

(Address)

SANTA ROSA BEACH, FL 32459

(City/State and Zip code)

For further information concerning this matter, please call:

THOMAS F. SMITH

(Name of Person)

at 850-622-1909

(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

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

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Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
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. BEACHSIDE RESTAURANT CONSULTING, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.,"
"Co.," or "Corp.")

BEACHSIDE RESTAURANT GROUP, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. GEORGIA

(State or country under the law of which it is incorporated)

3. 45-0527848

(FEI number, if applicable)

4. NOVEMBER 18, 2003

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1020 BARBER CREEK DRIVE, SUITE 101, WATKINSVILLE, GA 30677

(Principal office address)

66 REDFISH CIRCLE, SANTA ROSA BEACH, FL 32459

(Current mailing address)

8. RESTAURANT OWNERSHIP AND MANAGEMENT

(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 NOT acceptable)

Name: THOMAS F. SMITH

Office Address: 66 REDFISH CIRCLE

SANTA ROSA BEACH

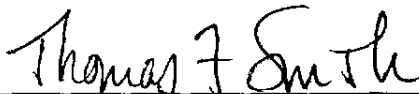
(City)

, Florida 32459

(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.



(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:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: THOMAS F. SMITH

Address: 66 REDFISH CIRCLE

SANTA ROSA BEACH, FL 32459

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: THOMAS F. SMITH

Address: 66 REDFISH CIRCLE

SANTA ROSA BEACH, FL 32459

Vice President: _____

Address: _____

Secretary: THOMAS F. SMITH

Address: 66 REDFISH CIRCLE, SANTA ROSA BEACH, FL 32459

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

13. Thomas F. Smith

(Signature of Director or Officer listed in number 12 of the application)

14. THOMAS F. SMITH, PRESIDENT

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

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 050341309
CONTROL NUMBER : 0363241
DATE INC/AUTH/FILED: 11/18/2003
JURISDICTION : GEORGIA
PRINT DATE : 02/03/2005
FORM NUMBER : 211

BEACHSIDE RESTAURANT CONSULTING, INC.

1020 BARBER CREEK DR. STE.101
WATKINSVILLE, GA 30677

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BEACHSIDE RESTAURANT CONSULTING, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Cathy Cox



Cathy Cox
Secretary of State