

# F07888006093

Division of Corporations

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## FOREIGN PROFIT/NONPROFIT CORPORATION

Barbeque RE Property, Inc.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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**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. Barthelemy RE Property, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. Delaware 3. 26-1520935  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 12/05/2007 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 01/01/2008 (Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5200 Town Center Circle, Suite 600, Boca Raton, FL 33486  
(Principal office address)

(Current mailing address)

8. To own real property.  
(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: C T Corporation System

**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.

**CT Corporation Systems**

By H. L. H. H. H.  
(Registered agent's signature)

**Kristine Heiberger**  
**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:

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**A. DIRECTORS SEE ATTACHMENT**

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

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

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

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

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

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

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

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

**B. OFFICERS SEE ATTACHMENT**

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

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

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13. Mark Hajdich  
(Signature of Director or Officer listed in number 12 of the application)

14. Mark Hajdich, Vice President  
(Typed or printed name and capacity of person signing application)

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**Attachment to Florida  
Officers & Directors**

1	<b>Full Name:</b>	Mark Hajdich
	<b>Officer/Director:</b>	Officer
	<b>Officer's Title:</b>	Vice President and Assistant Secretary
	<b>Director's Title:</b>	
	<b>Business Address:</b>	5200 Town Center Circle, Suite 600
	<b>City:</b>	Boca Raton
	<b>State:</b>	FL
	<b>ZIP Code:</b>	33486
2	<b>Full Name:</b>	David F. Finnigan
	<b>Officer/Director:</b>	Director
	<b>Officer's Title:</b>	
	<b>Director's Title:</b>	Director
	<b>Business Address:</b>	5200 Town Center Circle, Suite 600
	<b>City:</b>	Boca Raton
	<b>State:</b>	FL
	<b>ZIP Code:</b>	33486
3	<b>Full Name:</b>	Douglas C. Werking
	<b>Officer/Director:</b>	Director
	<b>Officer's Title:</b>	
	<b>Director's Title:</b>	Director
	<b>Business Address:</b>	5200 Town Center Circle, Suite 600
	<b>City:</b>	Boca Raton
	<b>State:</b>	FL
	<b>ZIP Code:</b>	33486

# Delaware

*The First State*

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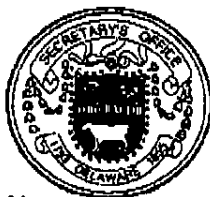
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BARBEQUE RE PROPERTY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF DECEMBER, A.D. 2007.

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

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6226991

DATE: 12-11-07