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(Requestor's Name)				
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(Business Entity Name)				
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RECEIVED DEPARTMENT OF STATE

12 MAY 25 PM 12: 50

	··· ······
Patricia Reilly Food Concepts, Inc.	
	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: Seth 05/25/12 AM	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

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.

	orporation; must include "INCOR		Concepts, Inc. "COMPANY," "CORPORATION	N,"	
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")				
(If name unavail	able in Florida, enter alternate corp	orate name a	dopted for the purpose of transactin	g business in Florida)	
2.	Maryland	3.	52 -1611998		
(State or country	under the law of which it is incorp	orated)	52 -1611998 (FEI number, if applicable)		
4	09/10/1987	5	Perpetual (Duration: Year corp. will cease to exist or "perpetual")		
	of incorporation)		(Duration: Year corp. will cease to	exist or "perpetual")	
6	(Date first transacte	d business in	Dusiness location being so Florida, if prior to registration) 02, F.S., to determine penalty liabili		
7		d, Suite 2	204, Potomac, MD 208	354	
	` '		,	OE 1	
		, Suite 2 mailing addre	204, Potomac, MD 20	004	
	·	_			
3			staurants		
(Purpose(s	s) of corporation authorized in hom	e state or cou	intry to be carried out in state of Flo	orida)	
9. Name and stree	et address of Florida registered a	igent: (P.O.	Box NOT acceptable)	7 - 12 A - 12	
Name:	Your Capital Connec	tion, Inc.		12 MAY	
Office Address:	417 E. Virginia St., Suit	e 1		SSE 23 parent	
	Tallahassee		, Florida <u>32301</u> (Zip code)		
•	(City)		(Zip code)	AH 8: 23 OF STATE	
	gent's acceptance:	agamt gamile	e of process for the above stated		

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) Seth Neeley For Your Capital Convairion

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: Patricia Reilly Address: 10220 River Road, Suite 204, Potomac, MD 20854 Vice Chairman: Director: Address: Director: **B. OFFICERS** President: Patricia Reilly Address: 10220 River Road, Suite 204, Potomac, MD 20854 Vice President: Address: Secretary: Daniel L. Koch Address: 10220 River Road, Suite 204, Potomac, MD 20854 Treasurer: Daniel L. Koch Address: 10220 River Road, Suite 204, Potomac, MD 20854 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Daniel L. Koch

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PATRICIA REILLY FOOD CONCEPTS, INC., INCORPORATED SEPTEMBER 10, 1987, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 24, 2012.

Paul B. Anderson Charter Division

Faul B. Under

12 MAY 25 AH 8: 23



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097