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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)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Bmail A	Address:	
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FOREIGN PROFIT/NONPROFIT CORPORATION MENUPAD INC.

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8/8/2013

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13 AUG -8 FX L: 35

COVER LETTER

TO: New Filing Division o	g Section f Corporations		
SUBJECT: ME	NUPAD INC.		
,		tion - must include suffix	,
Dear Sir or Madan	u .		•
"Certificate of Exi	plication by Foreign Corporation stence," or "Cortificate of Good foreign corporation to transact bu	Standing" and check are sub-	
Please return all co	orrespondence concerning this m	atter to the following:	
Dennis B. Angers -			
	Name	of Person	
MENUPAD INC.			•
	Firm/6	Company	
c/o Baker & Hostet	er LLP, 1900 Bast 9th Street, Suite	3200	
	A	ddress	
Cleveland, OH 441	14-3485	•	•
	City/Ste	ate and Zip code	
dangers@bakerlaw.	com		
	B-mail address; (to be us	sed for future annual report n	otification)
For further inform	ation concerning this matter, plea	ase call:	
Dennis B, Angers	at (216	861-7081	
Name of		rea Code & Daytime Telepho	one Number
			•
New Filin Division of Clifton Bu 2661 Exec	of Corporations	MAILING Al New Filing Se Division of Co P.O. Box 6327 Taliahassee, F	ction rporations
Enclosed is a chec	k for the following amount:		
□ \$70.00 Filing I	Certificate of Status	S78.75 Filing Fee & Certified Copy	S\$7.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

MENUPAD INC			
	rporation; must include "INCORPORATE rp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	
disvanu amen li)	ble in Fioride, enter nitemate corpurate na	me adopted for the purpose of transioning business in Florida)	
Delaware		46-3045987	
	under the law of which it is incorporated)	(FH number, if applicable)	
06/24/2013	_	5, perpetual	
(Date	of incorposition)	(Duration: Year corp. will ocase to exist or "perpensal")	
June 27, 2013	• •	•	
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty Hability)	
3717 W. North B.	. Street, Tempa, Florida 33609		
	(Principal office	address)	
simo		•	
	(Current mailing	addréss)	
•	•		
	ership and restaurant manage		
(Purpose(s) of corporation authorized in home state o	r country to be carried out in state of Piorida)	
Name and atres	t address of Florida registered agent:	(P.O. Box NOT acceptable)	
` Name:	C T Corporation System		
	1200 South Pine Island Road		
dice Address:		33324	
ffice Address:	Plantation	, Plorida	

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)

12. 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.

•		LLAHA	BG-1
12. Nam	nes and business addresses of officers and/or directors:	SSF.	8
A. DIRI	ECTORS	in of	3
Chairman			- -
Address:		RIDA:	',
Vico Gha i	Director: Vic Lafita		_
Address:	3717 W. North B. Street		
• •	Tampa, Florida 33609		
Director:	Chris Sullivan		
Address:	3717 W. North B. Street		
	Tampa, Florida 33609		_
Director:	Chris Zimwalt		_
Address:	3717 W. North B. Street		_
•	Tampa, Florida 33609		_
B. OFF	ICERS		
President	Chief Executive Officer; Chris Sullivan		
Address:	3717 W. North B. Street	·	
	Tampa, Florida 33609		
Vice Pres	oldent:		
Address:			
		·	
Secretary	Ava Porticy	·	·
Address:	3717 W. North B. Street, Tampa, Plorida 33609		<u>.</u> .
Treasure	. Ava Farney		
Address:	AND THE ST. OF THE ST. OF THE ST. OF THE ST.		_
NOTE	it If hocessary, you may strach an addendum to the application listing additional officers and/or directors.		1
- are true	Signature of Director or Officer [ficer or director signing this document (and who is listed in number 12 above) affirms that the facts stated berein and that he or she is aware that false information autumitted in a document to the Department of State constitute degree felony as provided for in a \$17.155, F.S.		1
14	(Typed or printed name and capacity of person signing application) Ava Forney, Secretary and Trehaurer		;

Delaware

PAGE 1

SAUG-8 AMILE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MENUPAD 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 SEVENTH DAY OF AUGUST, A.D. 2013.

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

5348019 8300

130965635

You may verify this cortificate online at corp. delaware.gov/authvor.shtml

Jeffrey W. Bullock, Secretary of State

DATE: 08-07-13