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Examiner's Initials



FLORIDA DEPARTMENT OF STATE Inn Smith Scenetary of State

November 18, 1994

CHARLES S. JACOBS 2016 N. UNIVERSITY BLVD JACKSONVILLE, FL 32211

SUBJECT: SEANN'S REAL PIT BBQ, INC.

Ref. Number: W94000024862

SECRETARY OF STATE DIVISION OF THE STATE OF

We have received your document for SEANN'S REAL PIT BBQ, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence, 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 your document, along with 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 (904) 487-6097.

Michael Mays Corporate Specialist

Letter Number: 094A00050149

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:

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	(Duration:	Year corp. Will cease to or	
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	s in Florida. (See enctions Old N University acksonville, F1 Current mailing addres authorized in home sta	5. PERPETI (Duration: s in Florida. (See eactions 607.1501, 60 016 N University Blyd acksonville, F1 32211 Current mailing address) authorized in home state or count	s in Florida. (See macdons 607.1501, 607.1502, and 817.155, F.S.) 016 N University Blyd acksonville, F1 32211

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.

(Registered agent's signature)

with and accept the obligations of my position as registered agent.

12. Names and addresses of officers and/or directors:		
A. DIRECTORS		
Chairman:	.	
Address:		
	_	
Vice Chairman:	_	
Addross:	_	
Diroctor:		
Address:		
Director:		
Address:	មា	9,
		250 200 200 200 200 200 200 200 200 200
B. OFFICERS	<u>.</u>	
President: Lillette S Jacobs	- H3 9:	150 150 150 150 150 150 150 150 150 150
Address: 4479 Whispering Inlet Dr		
Jacksonville, Fl 32277	_	3,
Vice President: Charles S Jacobs		
Address: 4479 Whispering Inlet Dr	.	
Jacksonville, Fl 32277		
Secretary:		
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)

Charles S Jacobs V Pres. 14.

Treasurer: _ Address:

State of Delaware Office of the Secretary of State

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DIVISION CERTAINS SIME



Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE.