

Document Number Only

F95000004227

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, Florida 32301

City State Zip Phone
904-222-1092

CORPORATION(S) NAME

500001577195
-09/05/95--01041--010
*****35.00 *****35.00
500001577195
-09/05/95--01041--010
*****35.00 *****35.00

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SECRETARY OF STATE
95 AUG 31 PM 12:30

tk 8/31

FT. Gwynnville, Indiana, Inc.

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Reservation	<input type="checkbox"/> Change of R.A.
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Fictitious Name
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> CUS/ G/S	
<input type="checkbox"/> Certified Copy		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call if Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3:40
8-31-95

File 1st

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. FT Gainesville Partners, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead
of a natural person or partnership if not so contained in the name at present.)
2. North Carolina 3. 56-1936558
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 25, 1995 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. August 25, 1995
(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.150, F.S.))
7. 4830 Northwest 43rd Street, O-238
Gainesville, FL 32606
(Current mailing address)
8. To serve as General Partner of a limited partnership which will own
and operate a bar/restaurant
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of
Florida)

9. Name and street address of Florida registered agent:

Name: C T CORPORATION SYSTEM

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip Code)

10. Registered agent 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.*

C T CORPORATION SYSTEM

(Registered agent's signature) (Officer)

(Type Name and Title of Officer)

JENNIFER FAULTMAN
ASSISTANT SECRETARY

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: Patrick E. Cain

Address: 4830 Northwest 43rd Street, 0-238

Gainesville, FL 32606

Vice Chairman: Sarah C. Cain

Address: 4830 Northwest 43rd Street, 0-238

Gainesville, FL 32606

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Patrick E. Cain

Address: 4830 Northwest 43rd Street, 0-238

Gainesville, FL 32606

Vice President: Sarah C. Cain

Address: 4830 Northwest 43rd Street, 0-238

Gainesville, FL 32606

Secretary: Sarah C. Cain

Address: same as above

Treasurer: Patrick E. Cain

Address: same as above

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

13. Patrick E. Cain
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Patrick E. Cain, President
(Typed or printed name and capacity of person signing application)

STATE OF NORTH CAROLINA



Department of The
Secretary of State

CERTIFICATE OF EXISTENCE

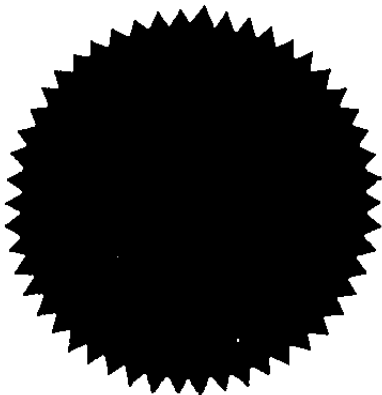
I, **RUFUS L. EDMISTEN**, *Secretary of State of the State of North Carolina*, do hereby certify that

FT GAINESVILLE PARTNERS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 25th day of August, 1995, with its period of duration being perpetual.

I **FURTHER** certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 **has been** delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of August, 1995.



Rufus L. Edmisten

Secretary of State

F95000004227

FT Gainesville Partners, Inc.
4830 NW 43rd St 0-238
Gainesville, FL 32606

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____
☐ Mail out ☐ Will wait ☐ Photocopy

- ☐ Certified Copy
☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of North Carolina submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: FT Gainesville Partners, Inc.

1b. The mailing address of the corporation is : 4830 Northwest 43rd Street 0-238,
Gainesville, FL 32602

1c. Date of Incorporation: 8-25-95 Document number: F95000004227

2. The name and address of the current registered agent and office:

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Patrick E. Cain

4830 Northwest 43rd Street 0-238

Gainesville, FL 32606

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

X Patrick E. Cain
(Signature of an officer, chairman or
vice chairman of the board)

X 3/25/96
(Date)

Patrick E. Cain, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

X Patrick E. Cain
(Signature of Registered Agent)

X 3/25/96
(Date)

If signing on behalf of an entity:

Patrick E. Cain

(Typed or Printed Name)

President

(Capacity)

→ Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE