AUTHORIZATION :

REFERENCE

COST LIMIT : \$ PREPAID

148597

4343228

200002003122--3

****157.50 *****78.75

95 NOV -8; AH II: 57

ORDER DATE: November 7, 1996

ORDER TIME : 9:55 AM

ORDER NO. : 148597-005

CUSTOMER NO: 4343228

CUSTOMER: Ms. Susan A. Thompson

James Denecke & Harris 1150 Pioneer Tower

888 S.w. 5th Avenue Portland, OR 97204

FOREIGN_FILINGS

NAME: MCCORMICK & SCHMICK'S ECP 111,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY

XX PLAIN STAMPED COPY

XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Thelmon Washington

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:

McCormick & Schmick	's ECP III, lnc			20000000	
(Name of corporation: must in: abbreviations of like import in or partnership if not so contain	clude the word "INCORPORA"	TED", "COMPAN ite that it is a co	Poration inst	RATION" or wead of a natur	orga or
		Applie	d for		
Oregion (State or country under the in-	at which it is legarageated)	3. (FE) number	, if applicable	b)	
(State or country under the in-	A DI Allicii if is ilicolbaterani		. •	1	
4. 10/18/96 (Date of Incorporation)	5	Perpetu	n.i. Il coase to ex	det of Barnet	(a)")
					E TI
8. Upon qualification (Date first transacted business		· *En * En 1 15/	2 and 817.	IBB. E.S.)	
(Date first transacted business	s in Florida. (See sections ou	7. 1001, 007, 10C	, una o i i i		∞ [
7. 720 SW Washington S	treet. Suite 550			ine:	
/. TEO DI WADIIINGSON B				77	
Portland, OR 97205	-3507 prent malling address)			S52	 (J)
(Cu	irrent malling address)			E. FLORIDA	ن ــَــ
8,				-	
	uthorized in home state or co	intry to be carri	d out in the	state of Horid	a)
(Purpose(s) of corporation a	NEWOLISED IN MOUND Brock or ea	O			
•					
9. Name and street addr	ess of Florida registere	d agent:			
9. Name and street addr		d agent:	_		
9. Name and street addr Name:	ess of Florida registere	d agent:			
9. Name and street addr Name:	Corporation Service 1201 Hays Street	d agent: Company			
9. Name and street addr Name:	ess of Florida registere Corporation Service	d agent: Company			
9. Name and street addr Name:	Corporation Service 1201 Hays Street	d agent: Company			
9. Name and street addr Name: Office Address:	Corporation Service 1201 Hays Street Tallahassee	d agent: Company			
9. Name and street addr Name: Office Address: 10. Registered agent's a	Corporation Service 1201 Hays Street Tallahassee	d agent:	 . Florida, _	32301 (Zip Code)	
9. Name and street addr Name: Office Address: 10. Registered agent's a Having been named as recorporation at the place registered agent and agree	Corporation Service 1201 Hays Street Tallahassee acceptance: gistered agent and to ac designated in this applie to act in this capacity.	cept service	Florida, _ of process by accept a to compl of my duti	32301 (Zip Code) for the abo the appoin	ve statac itment as
9. Name and street addr Name: Office Address: 10. Registered agent's a Having been named as re	Corporation Service 1201 Hays Street Tallahassee acceptance: gistered agent and to ac designated in this applie to act in this capacity.	cept service (cation, I here performance agistered age)	Florida, _ of process by accept e to compl of my dute	32301 (Zip Code) for the abo the appoin	ve statac itment as
9. Name and street addr Name: Office Address: 10. Registered agent's a Having been named as re, corporation at the place registered agent and agree of all statutes relative to with and accept the obliga-	Corporation Service 1201 Hays Street Tallahassee coeptance: gistered agent and to ac designated in this applies to act in this capacity, the proper and complete stions of my position as re-	cept service cation, I here performance agistered agei	Florida, _ of process by accept e to compl of my dute of. Repass	32301 (Zip Code) for the abo the appoin	ve statac itment as
9. Name and street addr Name: Office Address: 10. Registered agent's a Having been named as re, corporation at the place registered agent and agree of all statutes relative to with and accept the obliga-	Corporation Service 1201 Hays Street Tallahassee acceptance: gistered agent and to ac designated in this applie to act in this capacity.	cept service cation, I here performance agistered agei	Florida, _ of process by accept e to compl of my dute of. Repass	32301 (Zip Code) for the abo the appoin	ve statac itment as

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.

13.

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.)

14. Ovalas L. Schmick, Sec/Jreasurer
(Typed or primed name and capacity of person signing application)

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

I, PHIL KEISLING, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

MCCORMICK & SCHMICK'S ECP III, INC.

เขตร

incorporated
under the Oregon

Business Corporation Act

October 18, 1996

and is active on the records of the Corporation Division as of the date of this certificate.

96 KOV -8 AH II: 57
SECRETARY OF STATE
TALLAHASSEE, FLORID



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

PHIL KEISLING, Secretary of State

Βv

Karen Drapela October 18, 1996

96000005847 JAMES & DENECKE 1150 Ploneer Tower 888 S.W. Fifth Portland, Oregon 97204-2096 4.000002299044---0 -09/22/97--01039--010 *****35.00 *****35.00 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy ☐ Will wait Mail out Photocopy Certificate of Status NEW FILINGS AMENDMENTS Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign TLL SEP 2 5 19971

OTHER FILINGS Annual Report Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

Profit

Other

APPLICATION BY FOREIGN CORP	
OF AUTHORITY TO TRANSACT BUS IN FLOR	
IN FLOR	FÖ
Macanustate & Salastate to Dan TTT	AFF SP
McCormick & Schmick's ECP III. (Name of Corpo	resor)
Oregon	門の開
(Incorporated Under	r Laws On
	95 TH 56
This corporation is no longer transacting business or and hereby voluntarily surrenders its authority to tra	conducting affairs within the State of Florida insact business or conduct affairs in Florida.
This corporation revokes the authority of its registe behalf and appoints the Department of State as its age action arising during the time it was authorized to tr	int for service of process based on a cause of
The following is a current mailing address to which any process against this corporation that may be serv	the Department of State may mail a copy of red on the Department.
c/o Christopher James, Esq. 880 SW Fifth Avenue Suite 1150	
(Mailing Add	reas)
Portland, OR 97204	
(City/ State /	(ap)
•	
The corporation agrees to notify the Department of S address.	tate in the future of any change in its mailing

Signature	Secretary Tile
~ · · · · ·	_
Douglas L. Schmick	9-15-97
Types or printed name	Date