

F98000005775



ACCOUNT NO. : 072100000032

REFERENCE : 982562 7158770

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 70.00

ORDER DATE : October 2, 1998

ORDER TIME : 9:30 AM

ORDER NO. : 982562-005

CUSTOMER NO: 7158770

CUSTOMER: Ms. Leslie O'sullivan
Ms. Leslie O'sullivan
P.O. Box 420106
Naples, FL 34110

700002655537--8

W98-22616

FOREIGN FILINGS

NAME: COFFEE CABANA, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Turner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT -5 PM 2:56
RECEIVED
98 OCT -5 AM 11:22
DIVISION OF CORPORATION

mtu
10/15



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

October 5, 1998

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: COFFEE CABANA, INC.
Ref. Number: W98000022616

We have received your document(s) in this office, however, a copy of the document is being returned for the following:

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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 (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 798A00049447

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 OCT -5 PM 2:56

RECEIVED

98 OCT 15 PM 2:05

DIVISION OF CORPORATIONS

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:*

1. COFFEE CABANA, 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. DELAWARE 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 8, 1998 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Sept. 1, 1998
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. P.O. BOX 420106
Naples, FL 34110
(Current mailing address)

8. Retail Coffee Service
(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: (P.O. Box or Mail Drop Box **NOT**
acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida, 32301
(Zip Code)

10. Registered agent's 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.

Corporation Service Company

By: [Signature]
(Registered agent's signature)

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: (Street address ONLY- P.O. Box NOT acceptable)

A. DIRECTORS (Street address only- P.O. Box NOT acceptable)

Chairman: LESLIE O'SULLIVAN

Address: 130 CARIBBEAN ROAD, NAPLES, FL 34109

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P.O. Box NOT acceptable)

President: LESLIE O'SULLIVAN

Address: 130 Caribbean Road
Naples, FL 34109

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT -5 PM 2:56

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

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.)

14. LESLIE O'SULLIVAN - President

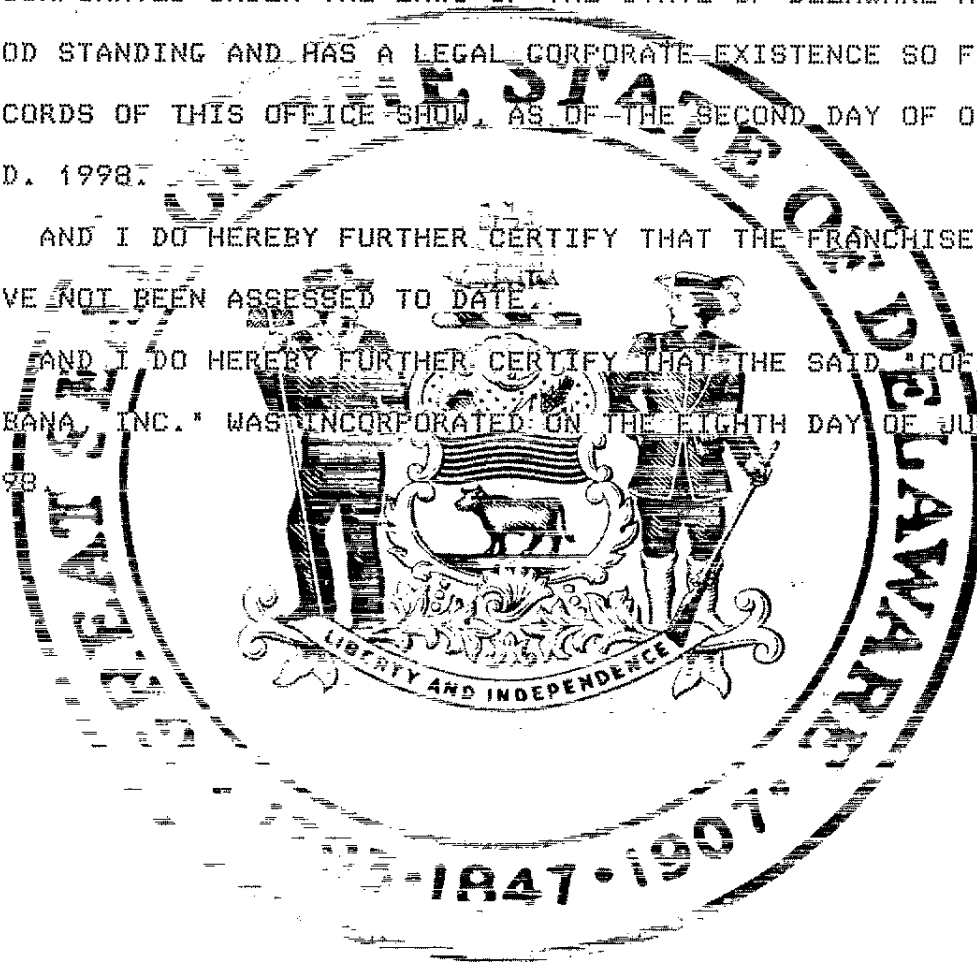
(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COFFEE CABANA, 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 SECOND DAY OF OCTOBER, A.D. 1998.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COFFEE CABANA, INC." WAS INCORPORATED ON THE EIGHTH DAY OF JULY, A.D. 1998.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT -5 PM 2:56



Edward J. Freel

Edward J. Freel, Secretary of State

2915323 8300

981382855

AUTHENTICATION:

9335533

DATE:

10-02-98