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Gil Ostracotl (Requestor's Name)
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10859 Zonerald Coart Pke
(Address) DESTIN F (32550 (City/State/Zip/Phone #)
(City/State/Zip/Phone #) 8:50 - 259 - 354
PICK-UP WAIT MAIL
MCS PARTNERS (Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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DIVISION OF CONFORMITION

DIVISION OF CORPORATION

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Mcs Partners, LLC (Name of foreign limited liability company)
2. State of North Carolina (Jurisdiction under the law of which foreign limited liability company is organized) 3. upplication (FEI number, if applicable)
4. ///8/DZ 5. /2/3/52 (Date of Organization) 5
6. Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7. 130 Fisherman's Cove
Destar F1. 32550 S 器
(Street address of principal office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 1. Score of a very serious addresses of the managing members or managers are as follows:
9. The name and usual business addresses of the managing members or managers are as follows:
Michael Scozzafave = = =
130 Fisherman's Cove
Destin, FL 32550
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: restaurant
and bar //
M. Cornt
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the panalties of perjury that the facts stated herein are true.)
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
MCS Partners, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Michael Allen Scozzafave	DIVISION D3 JU
8814 St. Andrews Dr. Florida street address (P.O. Box NOT ACCEPTABLE)	TARY OF STARY OF CORPOR
Destin FL 32550 (City/State/Zip)	PH 12: 41

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



State of North Carolina Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

MCS PARTNERS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 18th day of November, 2002, with its period of duration being 12/31/2052.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have herounto set my hand and affixed my official seal at the City of Raleigh, this 30th day of May, 2003.

6 laine I. Marshall

Secretary of State

Certification Number: 6910784-1 Page: 1 of 1 Ref.# 5171654-sw Verify this certificate online at www.secretary.state.nc.us/Verification.