

	Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Business Entity Nam	ne)
(1	Document Number)	
Certified Copies	Certificates	of Status
Special Instructions	to Filing Officer:	
		1/24
		INIXI



01/11/05--01017--002 **160.00

TRANSMITTAL LETTER

	ation Section of Corporations		
SUBJECT:	Atlantic Re	estaurant Concepts, LLC	
	(Name o	of Limited Liability Company)	
Florida," Certif		ed Liability Company for Authorization to are submitted to register the above refere rida	
Please return al	I correspondence concerning	this matter to the following:	
		Debra Masuga	
		(Name of Person)	
	Atlanti	ic Restaurant Concepts, LLC	
		(Firm/Company)	2005 SEC
	17	02 S. Port Dr	ARE TAR
		(Address)	SECRETARY OF STATE
		rleston, SC 29407	
	(C	City/State and Zip Code)	
For further info	rmation concerning this matte	er, please call:	
	Debra Masuga	at (843) 830-7819	
	(Name of Person)	(Area Code & Daytime Teleph	ione Number)
STREE	T ADDRESS:	MAILING ADDRESS:	
Registra	ation Section	Registration Section	
	of Corporations	Division of Corporations	
	Gaines Street	P.O. Box 6327	
Tallahas	ssee, Florida 32399	Tallahassee, Florida 3231	4
Enclosed is a cl	neck for the following amoun	ıt:	
□ \$125.0	00 Filing Fee	Fee & ☐ \$155.00 Filing Fee & ☑ \$160.00 icate of Status Certified Copy	Filing Fee, Certificate of Status & Certified Copy

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:			
Atlantic Restau	rant Concepts, LLC			
2. The name an	d the Florida street address of the registered agent and office are:	=	~	
	Jack Brunson	SECRE	2005 JAN	
	(Name)	ECRETARY LLLAHASSE	=	**************************************
	6192 Pipes Rd	முல்	P	T
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	FLORIS	PM 12: 31	The same of
	Bartow, FL 33830	****		
	City/State/Zip			

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, Florida Statutes.

\$ 100.00 Filing Fee for Application Designation of Registered Agent \$ 25.00 **Certified Copy (optional)** \$ 30.00 5.00 Certificate of Status (optional)

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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Atl	lantic Restaurant Concepts, LLC			··•
	(Name of Foreign	Limited Liabilit	y Company)	
2.	South Carolina	3.	20-0462980	٠
(Jurisdiction company is o	under the law of which foreign limited organized)		(FEI number, if appl	icable)
4.	December 11, 2003	5.	2053	
	(Date of Organization)		Ouration: Year limited liability coists or "perpetual")	mpany will cease to
6.	N/A			·
	(Date first transacted busi (See sections 608.501 & 60	ness in Florida, 8.502 F.S. to de	f prior to registration.) termine penalty liability)	-
7 14 S Mair	n St, Greenville, SC 29601		, , , , , , ,	
·				SECR
 -	(Stree	et Address of Prin	ncipal Office)	
	`		<u>_</u>	AN A
8. If limited	liability company is a manager-	managed comp	oany, check here ✓	EX —
9 The name	and usual business addresses of	the managing	members or managers are	as follows:
			,	
Debra Ma	suga 1702 S. Port Dr, Charleston	,SC 29407		<u> </u>
			<u></u>	
	an original certificate of existence, no mo under the law of which it is organized. (A			
	unide the law of which it is organized. (7 he certificate under oath of the translator m			a loreign tanguage, a
		·		
Nature c	of business or purposes to be con	ducted or pror	noted in Florida: _General	Contracting
of Retail	and Restaurants			-
	Ullha	Mar	ga	
	(In accordance with section 60	or an authoric 08.408(3), F.S., the	od representative of a men execution of this document constitu t the facts stated herein are true.)	iber.
	-	a, Managing Me		
	Typed	or printed nam	e of signee	—

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

ATLANTIC RESTAURANT CONCEPTS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on December 11th, 2003, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 14th day of October, 2004.

Mark Hammond