

11/29/2006 11:32 AM 22-1943

TRIAD

PAGE 05/08

Division of Corporations

Page 1 of 1

M060000006600

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000283946 3)))



H060002839463ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV 29 AM 9:24

RECEIVED

06 NOV 29 PM 12:36

DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Margaritaville of Panama City, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H06000283946 3)))

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. Margaritaville of Panama City, LLC
(Name of Foreign Limited Liability Company)

2. Delaware 3. 58-2339130
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. October 23, 2006 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 160 Greentree Drive, Suite 101
City of Dover, Delaware 19904
(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:

Margaritaville Enterprises, LLC
256 Worth Avenue, Suite Q
Palm Beach, Florida 33480

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 retail.

Margaret R. Marshall
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 penalties of perjury that the facts stated herein are true.)
Margaret R. Marshall, Authorized Person

Typed or printed name of signer

(((H06000283946 3)))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV 29 AM 9:25

H06000283946 3

**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:

MARGARITAVILLE OF PANAMA CITY, LLC

2. The name and the Florida street address of the registered agent and office are:

NRAI Services, Inc.

(Name)

2731 Executive Park Drive, Suite 4

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Weston

FL 33331

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.

NRAI Services, Inc.

By:

Mary Lane
(Signature)

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

H06000283946 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV 29 AM 9:25

(((H06000283946 3)))

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARGARITAVILLE OF PANAMA CITY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2006.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARGARITAVILLE OF PANAMA CITY, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2006.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV 29 AM 9:25



4239776 8300
061086727

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5230416

DATE: 11-29-06

(((H06000283946 3)))