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Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094

: (770)777-2091 Fax Number : (770)220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

1- NOC

Foreign Limited Liability Company Margaritaville of Pensacola, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge.	\$155.00

G. MCLEOD

MIN 0.7 2010

EXAMINER

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COVER LETTER

		OVERLETTER			
	stration Section sion of Corporations	·			
SUBJECT: MARGARITAVILLE OF PENSACOLA, LLC					
	(Name of L	imited Liability Company)			
Florida," Cei	d "Application by Foreign Limited I ntificate of Existence, and check are spany to transact business in Florida	Liability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited			
Please return	all correspondence concerning this	s matter to the following:			
	Sharon K. Gray				
	(1	Name of Person)			
Triad Professional Services, LLC					
	(1	Firm/Company)			
	2050 Marconi Drive, Ste. 150				
		(Address)			
	Alpharetta, GA 30005				
	(City/	State and Zip Code)			
For further in	nformation concerning this matter, p	please call:			
Sharo	on K. Gray	at (770) 777-2091			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
MAILING ADDRESS:		STREET ADDRESS:			
Division of Corporations		Division of Corporations			
P.O. Box 6327		Clifton Building			
I allar	hassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
	check for the following amount: 5.00 Filing Fee \$\infty\$				

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:

(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the al Company," "L.L.C.," "LLC.")	pose	of transacting business in Florida and attach a copy of the late name. The alternate name must include "Limited Liabi	written lity
2. Delaware	3	30-0630184	
(Jurisdiction under the law of which foreign limited liability company is organized)	, ,	(FEI number, if applicable)	-
4. 05/24/2010 (Date of Organization)	5.	Perpetual (Duration: Year timited liability company will cease to exist or "perpetual")	-
6. Upon qualification			-
(Date first transacted business in I (See sections 608.501 & 608.502 F	Slori S. t	ida, if prior to registration.) o determine penalty liability)	. (
7 6800 Lakewood Plaza Drive			あ
Orlando, FL 32819 (Street Address	35 01	Principal Office)	TO JUN
8. If limited liability company is a manager-manage	d c	ompany, check here 🔀	-↓ AH
9. The name and usual business addresses of the ma	เทลุย	ging members or managers are as follows:	.
Margaritaville Enterprises, LLC (Sole Member) - 680	D La	akewood Piaza Drive, Orlando, FL 32819	
John Cohlan (Manager) - 6800 Lakewood Plaza Driv	/e, (Orlando, FL 32819	-
			-
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocorranslation of the certificate under eath of the translator must be sufficient.)	opy i bmi	is not acceptable. If the certificate is in a foreign language, a ttecl.)	cords in
11. Nature of business or purposes to be conducted	Or [promoted in Florida:	
Operation of restaurant and bar.			<i>,</i>
Cox 18			
Signaturd of a member or an a (In accondance with accoon 608,408(3), on affirmation under the penalties of pe	F.S.	orized representative of a member. , the execution of this document constitutes that the facts stated herein are true.)	
John J. Harris			

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.

FLORIDA.	IE A REGIOTEI	CD OTTICE AND INCIDENCED AGENT BY THE STATE OF			
1. The name of	f the Limited Lis	ability Company is:			
MARGARITAVILLE OF PENSACOLA, LLC					
If name unavai	lable, the alterna	te name to be used in the state of Florida is:			
2. The name ar	nd the Florida str	ect address of the registered agent and office are:			
	NRAI Services,	fna.			
		(Name)			
	2731 Executive	Park Drive, Suite 4			
	Flor	ida Street Address (P.O. Box NOT ACCEPTABLE)			
	Weston	FL 33831			
		City/State/Zip			
liability company agent and agree relating to the probligations of m NRAI Services, in By:	y at the place de: to act in this cap roper and comple y position as res	d agent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as registered pacity. I further agree to comply with the provisions of all statutes ette performance of my duties, and I am familiar with and accept the istered agent as provided for in Chapter 608, Florida Statutes.			
		\$ 100.00 Filing Fee for Application			
		\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)			
		\$ 5.00 Certificate of Status (optional)			

Delaware

28/20 T

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARGARITAVILLE OF PENSACOLA, 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 THIRD DAY OF JUNE, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID

"MARGARITAVILLE OF PENSACOLA, LLC" WAS FORMED ON THE

TWENTY-FOURTH DAY OF MAY, A.D. 2010.

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

4827285 8300

100626254

You may verify this certificate coline at corp.delawara gov/authver.shtml

AUTHENTX CATION: 8033539

DATE: 06-03-10

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