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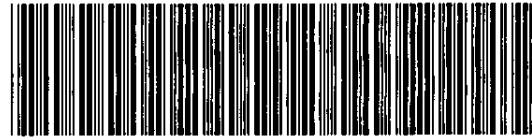
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TALLAHASSEE, FLORIDA

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OCT 31 2011

EXAMINER

PAGE, MANNINO, PERESICH & McDERMOTT

A PROFESSIONAL LIMITED LIABILITY COMPANY

ATTORNEYS AT LAW

759 VIEUX MARCHÉ MALL

P.O. DRAWER 289

BILOXI, MISSISSIPPI 39533

TELEPHONE: (228) 374-2100

FACSIMILE: (228) 432-5539

WEBSITE: WWW.PMP.ORG

EMAIL: pmp@pmp.org

October 27, 2011

Via FedEx ~ Priority Overnight

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COWLES E. SYMMES

RANDI PERESICH MUELLER***

GINA BARDWELL TOMPKINS

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TELEPHONE: (601) 896-0114
FACSIMILE: (601) 896-0145

GULFPORT OFFICE
2408 14TH STREET
GULFPORT, MISSISSIPPI 39501
TELEPHONE: (228) 868-8999
FACSIMILE: (228) 868-8940

*Also admitted in Louisiana
**Also Admitted in Tennessee
***Also Admitted in Alabama
****Also Admitted in Texas

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: *Half Shell Oyster House Florida, LLC*

Dear Sir/Madam:

Please find enclosed the following:

1. \$160.00 Fee;
2. State of Mississippi Certificate of Good Standing;
3. Cover Letter; and
4. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

If you have any questions, please do not hesitate to contact me. Thank you for your cooperation in this matter. With kindest personal regards, I am,

Very truly yours,

**PAGE, MANNINO, PERESICH
& McDERMOTT, P.L.L.C.**


Henry N. Dick, III

HND,III/pb
Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HALF SHELL OYSTER HOUSE FLORIDA, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Henry N. Dick, III
Name of Person

Page, Mannino, Peresich & McDermott
Firm/Company

P.O. Drawer 289
Address

Biloxi, MS 39533
City/State and Zip Code

bob.taylor@gcrginc.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Henry N. Dick, III at (228) 374-2100
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. HALF SHELL OYSTER HOUSE FLORIDA, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Mississippi 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 09/22/2011 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. 4300 Air Cargo Road, Gulfport, MS 39501
(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:

4300 Air Cargo Road, Gulfport, MS 39501

Bob Taylor

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

Bob Taylor
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.)

Bob Taylor

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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**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:

Half Shell Oyster House Florida, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

Dino Mirando

(Name)

6120 Glen Abbey Lane

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

Bradenton

FL

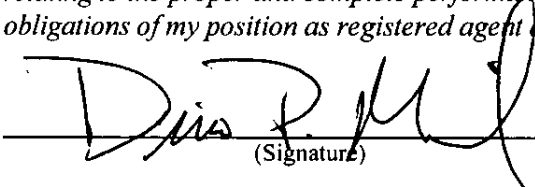
34202

City/State/Zip

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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.



(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 Mississippi
Office of the Secretary of State
C. Delbert Hosemann, Jr., Secretary of State
Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMAN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

HALF SHELL OYSTER HOUSE FLORIDA, LLC

Formed September 22, 2011

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

4300 AIR CARGO RD
GULFPORT MS 39501

and that the registered agent at that address is:

TAYLOR, BOB

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand
and seal of office
October 27, 2011

C. Delbert Hosemann, Jr.

C. Delbert Hosemann, Jr.
Secretary of State