## M1000005925

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(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

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10-2-6-2016 J. HARRIS

## July 25, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 10095433 SO Customer Reference 1: None Given Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

Shrimp Basket of Pensacola Beach, LLC (DE) Post Conversion Florida

Shrimp Basket of Pensacola Beach, LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

		С	OVER LETTER			
	istration Section ision of Corporation	ne				
	Shrimp Basket Pens					
SUBJECT:	Shrimp Basket Pens					
		Name	of Limited Liability	Company		
The enclosed Existence, ar	f "Application by For ad check are submitte	reign Limited Liability Co d to register the above ref	mpany for Authoriz erenced foreign lim	ation to Tra ited liabilit	insact Business in Florida," y company to transact busin	Certificate o ess in Florid:
Please return	all correspondence c	concerning this matter to t	he following:			
	Edwin J. Spenc	ce				
			Name of Person	a i 💻		
	Shrimp Basket	Pensacola Beach, LLC				
			Firm/Company			
	956 Commerce	e Loop, Suite A				
			Address			
	Gulf Shores, A	1. 36542				
		City	/State and Zip Cod	e		
	eddiespence@m	sn.com				
		E-mail address: (to be u	sed for future annua	al report no	lification)	
For further in	iformation concernin	g this matter, please call:				
Edv	win J. Spence		251	968-86	39	
	Name o	of Contact Person	at ( Area Cod	e Day	time Telephone Number	
MA	ILING ADDRESS:			STREE1	<u>r address:</u>	
Division of Corporations			Division of Corporations Registration Section			
	sistration Section Box 6327			Registrat Clifton B		
	ahassee, FL 32314			2661 Exe	ecutive Center Circle see, FL 32301	
	t check for the follow \$125.00 Filing Fee	/ing amount: □ \$130.00 Filing Fee &	: 🗖 \$155.00 Fil	ing Fee &	□ \$160.00 Filing Fee, Co	ertificate

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

## 1. Shrimp Basket Pensacola Beach, LLC

! .

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

If name unavailable, enter al Liability Company," "L.L.C,	Itemate name adopted for the purpose o " or "LLC.")	f transacting business	in Florida. The alternate name	must include "Limited
2. Delaware		3, 47-5265193		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	
I				
	(Date first transacted business (See sections 605.0904 & 605.09	in Florida, if prior to 05, F.S. to determine	registration.) penalty liability)	
5 Via De Luna, Pensac	cola, Beach, FL 32561			No Star
/•				
,	(Street Address of Prin	ncipal Office)		$\sim$
956 Commerce Loop, S	Suite A, Gulf Shores, AL 36542			ME 0
				TO H
	(Malling Ad	dress)		97 .
7. Name and street addres	ss of Florida registered agent: (P.O.	Box NOT accepta	blc)	LATE ORIDU
Name:	C T Corporation System			A
rvanie.	1000 Gauth Dive Island Read			
Office Address:	1200 South Pine Island Road			
	Plantation		Florida 33324	
	(City)		(Zip code)	
Registered agent's accep				

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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: James Halpin, Assistant Secretary

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Edwin J. Spence, President, 956 Commerce Loop, Suite A, Guif Shores, AL 36542

David P. Cahoon, Vice President and Secretary, 956 Commerce Loop, Suite A, Gulf Shores, AL 36542

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section d05.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Edwin J. Spence, President

Typed or printed name of signee



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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHRIMP BASKET PENSACOLA BEACH, 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 TWENTIETH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 202693221 Date: 07-20-16

6101787 8300 SR# 20165002055 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1