MIGODOSFIGE

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

Office Use Only



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07/25/16--01002--008 **125.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

JUL 2 6 2016 S. YOUNG 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 Panama City Beach, LLC (DE)

Post Conversion

Florida

Shrimp Basket Panama City 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 SECRETARY OF STATE FALLAHASSEE, FLORIDY

COVER LETTER

Registration Section

TO:

Div	ision of Corporation	ns						
SUBJECT:	Shrimp Basket Panama City Beach, LLC							
302000	Name of Limited Liability Company							
The enclosed Existence, ar	d "Application by For nd check are submitte	reign Limited Liability Comp ed to register the above refere	oany for Authoriza enced foreign limi	ition to Tra ted liability	ansact Business in Florida, 'y company to transact busin	' Certificate of ness in Florida		
Please return	all correspondence of	concerning this matter to the	following;					
	Edwin J. Spence							
	Name of Person							
	Shrimp Basket Panama City Beach, LLC							
	Firm/Company							
	956 Commerce Loop, Suite A							
	Address							
	Gulf Shores, AL 36542							
	956 Commerce Loop, Suite A Address Gulf Shores, AL 36542 City/State and Zip Code eddiespence@msn.com							
	City/State and Zip Code eddiespence@msn.com							
	E-mail address: (to be used for future annual report notification)							
For further in	nformation concernin	g this matter, please call:						
Edwin J. Spence		251 at (968-86		_			
	Name o	of Contact Person	Area Code	Day	time Telephone Number	•		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding ceutive Center Circle see, FL 32301				
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA $\acute{}$

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

Shrimp Basket Panama	ASINESS IN THE STATE OF FLORIDA: a City Beach, LLC eign Limited Liability Company; mus		Life Community I C. P.	III I C IN
(14sme of LOS	eign Limited Liability Company; mus	Minclude "Limited Lia	tottity Company," "L.L.C.," or	"LLC,")
Liability Company," "L.L.C,	Itemate name adopted for the purpose " or "LLC.")	of transacting busines	ss in Florida. The alternate nam	e must include "Limited
2. Delaware		3. 47-1050740		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	
4	(Date first transacted busines	ss in Florida, if prior to	registration.)	
5 12390 Front Beach Ro	(See sections 605.0904 & 605.0904), Panama City Beach, FL 32407	•	e penalty liability)	
5				•
	(Street Address of Pr	rincipal Office)		
6 956 Commerce Loop, 8	Suite A, Gulf Shores, AL 36542	•		市 产品
0.				16 JUL 25
	(Mailing A	(ddress)		, 23 SS
7. Name and street address	s of Florida registered agent: (P.C	O. Box <u>NOT</u> accept	able)	10 100
Name:	C T Corporation System		_	1ASSEE, FLORIDA
Office Address:	1200 South Pine Island Road		_	3 3
	Plantation		Florida 33324	- 5
Registered agent's accept	(City)		(Zip code)	
Having been named as re- designated in this applica- to complywith the provision	gistered agent and to accept servition, I hereby accept the appointmens of all statutes relative to the purposition as registered agent. ST Corporation Systems (S. T. Corporation Systems)	ment as registered as proper and complete stem James Halpii	gent and agree to act in this	s capacity. I further agree
	(Register	red agent's signature)		
	city and address of the person(s) v		•	
David P. Canoon, vice Pro	esident and Secretary, 956 Commo	erce Loop, Suite A,	Gulf Shores, AL 30542	
9. Attached is a certificate jurisdiction under the law of the translator must be su		s old, duly authentic rtificate is in a foreig	n language, a translation of	ustody of records in the the certificate under oath
This document is executed submitted in a document to	in accordance with section 605.02 the Department of State constitute	203 (1) (b), Florida S	Statutes, I am aware that any	false information
zavinuou m a avoumem (0	Edwin J. Spence, President	a mina dogree felo	my no providentor in 8.017.	د الله عنو الله
	<u>•</u>	inted name of signes		

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SHRIMP BASKET PANAMA CITY 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.

SEGRETARY OF STATE SEGRETARY OF SEGRETA

at corp delaware gov/aut

6101825 8300 SR# 20165001212 Authentication: 202692966

Date: 07-20-16