

S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HALF SHELL OYSTER HOUSE DESTIN, 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:

BARBARA DUVALI

\_\_\_\_\_  
Name of Person

GULF COAST RESTAURANT GROUP

\_\_\_\_\_  
Firm/Company

12068 INTRAPLEX PKWY

\_\_\_\_\_  
Address

GULFPORT, MS 39503

\_\_\_\_\_  
City/State and Zip Code

barb.duvall@gcrginc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Duvall

228

701-0361

at ( )

\_\_\_\_\_  
Name of Contact 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 605.0902, 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 DESTIN, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. MISSISSIPPI

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-3257775

(FEI number, if applicable)

4. 3/01/2017

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 34761 EMERALD COAST PKWY, DESTIN, FL 32541

Ste 104

(Street Address of Principal Office)

6. 12068 INTRAPLEX PKWY GULFPORT, MS 39503

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: INCORP SERVICES, INC.

Office Address: 17888 67TH COURT NORTH

LOXAHATCHEE

(City)

, Florida 33470

(Zip code)

Registered agent's acceptance:

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 comply with 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.

Kathy Shin on behalf of InCorp Services, Inc.

(Registered agent's signature)

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

ROBERT TAYLOR - Member - 12068 INTRAPLEX PKWY GULFPORT, MS 39503

BARBARA DUVALL - Member - 12068 INTRAPLEX PKWY GULFPORT, MS 39503

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)

Barbara Duvall

Signature of an authorized person

This document is executed in accordance with section 605.0203 (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.

BARBARA DUVALL

Typed or printed name of signee

**F0100**

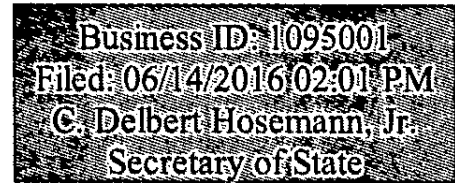
**2016188745**

**Fee: \$ 50**



DELBERT HOSEMANN  
*Secretary of State*

P.O. BOX 136  
JACKSON, MS 39205-0136



TELEPHONE: (601) 359-1633

## Mississippi Limited Liability Company Certificate of Formation

### **Business Information**

**Business Type:** Limited Liability Company

**Business Name:** HALF SHELL OYSTER HOUSE DESTIN, LLC

**Business Email:** barb.duvall@gcrginc.com

**Future Effective Date:** 06/14/2016

### **NAICS Code/Nature of Business**

722511 - Full-Service Restaurants

### **Registered Agent**

**Name:** GULF COAST RESTAURANT GROUP, INC

**Address:** 12068 INTRAPLEX PKWY  
GULFPORT, MS 39503

### **Signature**

The undersigned certifies that:

- 1) he/she has notified the above-named registered agent of this appointment;
- 2) he/she has provided the agent an address for the company, and;
- 3) the agent has agreed to serve as registered agent for this company

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **06/14/2016**.

**Name:**  
Robert Taylor  
*Member*

**Address:**  
5 Bayou View Dr  
Gulfport, MS 39507

# State of Mississippi

## Certificate of Formation

Acting under the authority vested in me as Secretary of State by the Constitution and Laws of this State,  
I do hereby certify the following has satisfied all conditions precedent for formation in this State.

HALF SHELL OYSTER HOUSE DESTIN, LLC



Given this the 14th day of June, Two Thousand and Sixteen, in the Capital City of Jackson, Mississippi under my Hand and Seal,

*C. Delbert Hosemann, Jr.*

C. DELBERT HOSEMAN, JR.  
Secretary of State



DELBERT HOSEMANN  
*Secretary of State*

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, C. DELBERT HOSEMANN, 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:

### **HALF SHELL OYSTER HOUSE DESTIN, LLC**

Registered the 14th day of June, 2016

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:

12068 INTRAPLEX PKWY  
GULFPORT, MS 39503

And that the registered agent at that address is:

GULF COAST RESTAURANT GROUP, INC

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  
the 18th day of July, 2016

A handwritten signature in cursive script that reads "C. Delbert Hosemann, Jr." is written over a horizontal line.

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

Certificate Number: CN16025810

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>