

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

M21000009107

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : INCORP SERVICES INC  
Account Number : 120120000007  
Phone : (702) 866-2500  
Fax Number : (702) 900-2290

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

Email Address: documents@incorp.com

Foreign Limited Liability Company  
Half Shell Oyster House Destin, LLC

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 JUL 16 PM 2:39

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## 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:

Kelsie Stacy

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

Kelsie Stacy on behalf of InCorp Services, Inc. at 702-866-2500

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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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. Half Shell Oyster House Destin, LLC

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

2. Mississippi

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

3. 81-3257775

(FBI number, if applicable)

4. 07/01/2021

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

5. 12068 Intraplex Pkwy.

(Street Address of Principal Office)

6. PO Box 6249

(Mailing Address)

Gulfport, MS 39503

Gulfport, MS 39506

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.

Isabel Burgos on behalf of InCorp Services, Inc.

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Coast Restaurant Group Inc</u>	<input type="checkbox"/> Manager	Name: <u>Matthew Mestayer</u>
<input type="checkbox"/> Member	Address: <u>12068 Intraplex Pkwy.</u>	<input type="checkbox"/> Member	Address: <u>417 Ward Ave.</u>
<input type="checkbox"/> Authorized	<u>Gulfport, MS 39503</u>	<input type="checkbox"/> Authorized	<u>Ocean Springs, MS 39564</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Managing Member</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Managing Member</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Dino Mirando</u>	<input type="checkbox"/> Manager	Name: <u>Barbara Duvall</u>
<input type="checkbox"/> Member	Address: <u>5 Bayou View Dr.</u>	<input type="checkbox"/> Member	Address: <u>2167 Baywood Dr.</u>
<input type="checkbox"/> Authorized	<u>Gulfport, MS 39507</u>	<input type="checkbox"/> Authorized	<u>Biloxi, MS 39532</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Managing Member</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Managing Member</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.

  
 \_\_\_\_\_  
 Signature of an authorized person

Barbara Duvall

\_\_\_\_\_  
 Typed or printed name of signer

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**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

**Certificate of Good Standing**

I, MICHAEL WATSON, 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 14th day of July, 2021

*Michael Watson*

Certificate Number: CN21115640

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