Florida Department of

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

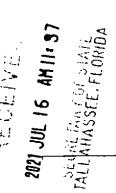
Account Number: 120120000007 : (702)866-2500 Phone : (702)900-2290 Fax Number

**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
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COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	CT: Half Shell Oyster House Destin, LLC					
VV-V-V	Name of Limited Liability Company					
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Coe, and check are submitted to register the above referenced foreign limited liability company to transact business					
Please ret	etum all correspondence concerning this matter to the following:					
	Kelsle 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 furthe	her information concerning this matter, please call:					
Ke	Kelsle Stacy on behalf of InCorp Services, Inc. at 702-866-2500					
•	Name of Contact Person Area Code Daytime Telephone Number					
]]]	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					
7	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					

(((H210002709913)))

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:

Half Shell Oyster H	ouse Destin, LLC		
(Name of Poreign	Limited Liability Company; must include "Limited	Liability Company, ""L.L.C.," or "LLC.")
f name unavailable, enter alternate a	name adopted for the purpose of transacting business in Pl	orida. The alternate name must include "Limited i	Liability Company," "L.L.C," or "LLC.")
Mississippl		_{3.} 81-3257775	
(Jurisduction under the law of w	nick foreign limited liability company is organized)	(FB) nuo	nbor, if applicable)
07/01/2021			
	(Date first transacted business in Florida, if prior to (See sections 603 0904 & 605,0905, F.S. to determi	registration.) re penalty liability)	
12068 Intraplex Pk	wy	6. PO Box 6249	
rest Address of Principal Office)		(Mealing Address)	
Gulfport, MS 39503	<u> </u>	Gulfport, MS 39506	
	<u></u>	<u> </u>	20
Name and street address	3 of Florida registered agent: (P.O. Box	NOT acceptable)	2021 . Д.П.
Name:	InCorp Services, Inc.		16
	47000 C7th Court North		PH
Office Address:	17888 67th Court North		ې ج
	Loxahatchee	Florida 33470	39
	(Ciry)	(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 rignature)

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8. For initial index manage [up to six (6	ing purposes, list names, title or capacity and ad 5) total]:	dresses of the primary n	nembers/managers or persons authorized to			
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:			
□Manager	Name: Coast Restaurant Group Inc	□Manager	Name: Matthew Mestayer			
□Member	Address: 12068 Intraplex Pkwy.	□Member	Address: 417 Ward Ave.			
□Authorized	Gulfport, MS 39503	□Authorized	Ocean Springs, MS 39584			
Person		Person				
Managing Member		■Other	Member OOther			
□Manager	Name: Dino Mirando	□Manager	Name: Barbara Duvall			
□Member	Address: 5 Bayou View Dr.	□Member	Address: 2167 Baywood Dr.			
□ Authorized	Gulfport, MS 39507	□Authorized	Biloxi, MS 39532			
Person		Person				
■Other Managing	Member Other	Other	Member			
		•				
□Manager	Name:	□Manager	Name:			
□Member	Address:	□Member	Address:			
□Authorized		☐ Authorized				
Person		Person				
□Other	Other	Other	□ Other			
9. Attached is a cert jurisdiction under the of the translator mu	is executed in accordance with section 605.0203 ment to the Department of State constitutes a thi	orida Department of Statuly authenticated by the is in a foreign language of (1) (b), Florida Statutes	e Annual Report form. c official having custody of records in the c, a translation of the certificate under oath s. I am aware that any false information			
Barbara Duvall						

Typed or printed name of signes

(((H21000270991 3)))



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/corpconv/verifycertificate.aspx