# N15000004028

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WIS-2720)

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 593272 4800344

AUTHORIZATION C

COST LIMIT : \$ 70.00

ORDER DATE : April 16, 2015

ORDER TIME : 9:28 AM

ORDER NO. : 593272-005

CUSTOMER NO: 4800344

### DOMESTIC FILING

NAME:

BEEF'S EXPRESS MARKETING AND

DEVELOPMENT FUND

#### EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - EXT. 62974

EXAMINER'S INITIALS:

SEAR IN PRINCE

### **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

ress Marketing and Development Fund			
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate	
Michelle Knight Name (Prir	ited or typed)	-	
Address Tampa, FL 33607  City, State & Zip  (813) 266-2333			

NOTE: Please provide the original and one copy of the articles.

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

Daytime Telephone number

mknight@fscfranchiseco.com



# RESUBMIT

Please give original submission date as file date.

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2015

CORPORATION SERVICE COMPANY

SUBJECT: BEEF'S EXPRESS MARKETING AND DEVELOPMENT FUND

Ref. Number: W15000027201

We have received your document for BEEF'S EXPRESS MARKETING AND DEVELOPMENT FUND and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The registered agent must sign accepting the designation.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 015A00007794

www.sunbiz.org

DO DOV GOOD TO U.S.

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO.: I20000000195

REFERENCE: 593272 4800344

AUTHORIZATION:

COST LIMIT: \$10.00

ORDER DATE: April 16, 2015

ORDER TIME: 9:28 AM

ORDER NO.: 593272-005

CUSTOMER NO: 4800344

### DOMESTIC FILING

NAME:

BEEF'S EXPRESS MARKETING AND

DEVELOPMENT FUND

### EFFECTIVE DATE:

	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:
XX	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT	PERSON: Lydia Cohen - EXT. 62974
	EXAMINER'S INITIALS:

# **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Beef's Expi	Beef's Express Marketing and Development Fund Inc.  JBJECT:				
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:					
<b>3</b> \$70.00	<b>□</b> \$78.75	□\$78.75	<b>□</b> \$87.50		
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,		
	Certificate of Status	& Certified Copy	Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Michelle Knight				
110111.	Name (Printed or typed)		•		
	5660 W Cypress St. Suite A				
Address					
	Tampa, FL 33607				
	City, State & Zip (813) 266-2333				
Daytime Telephone number					

NOTE: Please provide the original and one copy of the articles.

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

mknight@fscfranchiseco.com

# ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE	II PRINCIPAL OFFICE		
	Principal street address:	Mailing address, if different i	is:
5	660 W Cypress St. Suite A		
<u> </u>	ampa, FL 33607		
ARTICLE The purpos	III PURPOSE e for which the corporation is organized	To administer the marketing and development fund for is:	the limited service
Beef 'O' Br	ady's Family Sports Pub Restaurant cor	ncept (the "Fund"). Franchisees will contribute marketing c	ontributions to
Limited Se	rvice Beef 'O' Brady's Marketing and Di	evelopment Fund, Inc. (the "entity"), which entity will then	be responsible for
directing a	Ill programs financed by Fund, with sole	e control over the creative concepts, materials and endorse	ements, and the
geographic	c, market, media placement and allocati	ion."	
			will he at the
ARTICLE discretion	·	The manner in which the directors are elected and appointed:	will be at the
	IV MANNER OF ELECTION of FSC Franchise Co, LLC	The manner in which the directors are elected and appointed:	will be at the
	of FSC Franchise Co, LLC		will be at the
discretion ARTICLE	of FSC Franchise Co, LLC  V INITIAL OFFICERS AND/O	OR DIRECTORS  Michelle Knight, CEO	
ARTICLE Name and T	of FSC Franchise Co, LLC  V INITIAL OFFICERS AND/Co	OR DIRECTORS  Michelle Knight, CFO  S660 W Cypress St. Suite A	will be at the
discretion ARTICLE	of FSC Franchise Co, LLC  V INITIAL OFFICERS AND/C  itle: Chris Elliott, CEO  5660 W Cypress St. Suite A	OR DIRECTORS  Name and Title: Michelle Knight, CFO  Address: 5660 W Cypress St. Suite A	
ARTICLE Name and T	of FSC Franchise Co, LLC  V INITIAL OFFICERS AND/Co	OR DIRECTORS  Michelle Knight, CFO  S660 W Cypress St. Suite A	15 APR 17 PH
ARTICLE Name and T	of FSC Franchise Co, LLC  V INITIAL OFFICERS AND/C  itle: Chris Elliott, CEO  5660 W Cypress St. Suite A	OR DIRECTORS  Name and Title: Michelle Knight, CFO  Address: 5660 W Cypress St. Suite A	15 APR 17 PHII:
ARTICLE Name and T	of FSC Franchise Co, LLC  V INITIAL OFFICERS AND/O  itle: Chris Elliott, CEO  5660 W Cypress St. Suite A  Tampa, FL 33607	OR DIRECTORS  Name and Title: Michelle Knight, CFO  Address: 5660 W Cypress St. Suite A	15 APR 17 PH
ARTICLE Name and T	of FSC Franchise Co, LLC  V INITIAL OFFICERS AND/O  itle: Chris Elliott, CEO  5660 W Cypress St. Suite A  Tampa, FL 33607	Name and Title:  Michelle Knight, CFO  Address:  5660 W Cypress St. Suite A  Tampa, FL 33607  Name and Title:	15 APR 17 PHII:
ARTICLE Name and T Address	of FSC Franchise Co, LLC  V INITIAL OFFICERS AND/C  itle: Chris Elliott, CEO  5660 W Cypress St. Suite A  Tampa, FL 33607	Name and Title:  Michelle Knight, CFO  Address:  5660 W Cypress St. Suite A  Tampa, FL 33607  Name and Title:	15 APR 17 PHII:
ARTICLE Name and T Address Name and T Address	of FSC Franchise Co, LLC  V INITIAL OFFICERS AND/O  itle: Chris Elliott, CEO  5660 W Cypress St. Suite A  Tampa, FL 33607	Name and Title:    Name and Title:   Michelle Knight, CFO     Address:   5660 W Cypress St. Suite A     Tampa, FL 33607     Name and Title:   Address:	SELECTION OF TALL AS A
ARTICLE Name and T Address Name and T Address	of FSC Franchise Co, LLC  V INITIAL OFFICERS AND/O  itle: Chris Elliott, CEO  5660 W Cypress St. Suite A  Tampa, FL 33607	Name and Title:    Name and Title:   Michelle Knight, CFO     Address:   5660 W Cypress St. Suite A     Tampa, FL 33607     Name and Title:   Address:       Name and Title:	SELECTION OF TALL AS A

Name and Title	:	Name and Title:	4
Address			<del></del>
Name and Title		Name and Title:	<u> </u>
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The name and F	Torida street address (P.O. Box NOT acco	eptable) of the registered agent is:	
Name:	Corporation Service Company		
Address:	1201 Hays Street		
	Tallahassee, FL 32301	····	
ARTICLE VII The name and a	INCORPORATOR  ddress of the Incorporator is:  Michelle Knight		
Address:	5660 W Cypress St. Suite A	<del></del>	
	Tampa, FL 33607		
certificate, I am	med as registered agent to accept service familiar with and accept the appointment of cryice Company	as registered agent and agree to act in	ration at the place designated in this this capacity
By: Ex	Qui La roun	Emily Gray	4/2/150 =
	Required Signature of Registered	Agent Asst. Vice President	Date
I submit this doc to the Departmen	ument and affirm that the facts stated here it of State constitutes a third degree felony	ein are true. I am aware that any false as provided for in s.817.155, F.S.	information submitted in a document
Micke	Dec Hundet Required Signature of Incor		4/11/00/15 P
1	Required Signature of Incom	porator	Date F
			CIP CIP