

P06000156843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

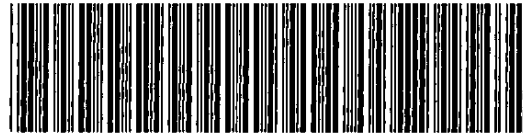
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Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 DEC 27 P 1:47

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12-27-06  
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## CERTIFICATE OF DOMESTICATION

The undersigned, MARILYN J. HOLMES, PRESIDENT,  
(Name) (Title)

of ART'S SOUTHERN STYLE SMOKEHOUSE BBQ, INC. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was 20 JUNE, 2001.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was RAPID CITY, PENNINGTON COUNTY, SOUTH DAKOTA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was ART'S SOUTHERN STYLE SMOKEHOUSE BBQ, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is ART'S SOUTHERN STYLE SMOKEHOUSE BBQ, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was SOUTH DAKOTA
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am MARILYN J. HOLMES, of ART'S SOUTHERN STYLE SMOKEHOUSE BBQ, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 20TH day of DECEMBER, 2006.

  
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## TRANSMITTAL LETTER

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

**SUBJECT:** Domestication of Foreign Corporation

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

**FEES:**

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

**OPTIONAL:**

Certificate of Status	\$ 8.75
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**FROM:** ART'S SOUTHERN STYLE SMOKEHOUSE BBQ, INC.

**Name (printed or typed)**

2070 N. UNIVERSITY DRIVE

**Address**

CORAL SPRINGS, FL 33071

**City, State & Zip**

954-346-9246

**Daytime Telephone Number**

**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

ART'S SOUTHERN STYLE SMOKEHOUSE BBQ, INC.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

2070 N. UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To operate one or more food and beverage establishments and to perform any and all acts or things necessary.  
To enter into and perform any and all acts or things of lawful purpose.

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS:

Ten Thousand shares with a par value of \$100.00 (One Hundred Dollars) for each share.

**ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Marilyn J. Holmes	Artis P. Holmes
5543 NW 124th Avenue	5543 NW 124th Avenue
Coral Springs, FL 33076	Coral springs, FL 33076
President/Director	V. President/Secretary/Director

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

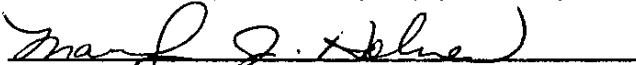
Marilyn J. Holmes  
2070 N. University Drive  
Coral Springs, FL 33071

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

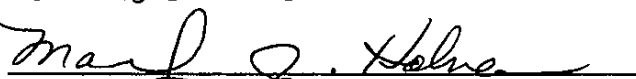
Marilyn J. Holmes  
5543 NW 124th Avenue  
Coral Springs, FL33076

\*\*\*\*\*  
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND  
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

  
\_\_\_\_\_  
Signature/Registered Agent

20 December 2006

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

20 December 2006

\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA