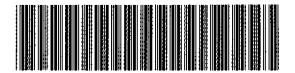
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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(,,,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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01/26/09--01029--010 **78.75

2009 MAR 17-P 3 W

COVER LETTER

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

SUBJECT: South E	Beach Grille, Inc.	ATE NAME – <u>MÜST INCI</u>	UDE CLIEFIV)
	(I ROFOSED CORFOR)	ATE NAME - MOST INCI	LUDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	l a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Chalor Cross	(0: T	
	10232 SW Rookery Way	(Printed or typed) Address	· .
	Palm City Florida 34990 City	, State & Zip	
	305-467-2588 Daytime	Telephone number	

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



February 3, 2009

CHALOR CROSS 10232 SW ROOKERY WAY PALM CITY, FL 34990

SUBJECT: SOUTH BEACH GRILLE, INC.

Ref. Number: W09000005237

We have received your document for SOUTH BEACH GRILLE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6913.

Diane Cushing Document Specialist Supervisor

Letter Number: 509A00003818

ARTICLE I	<u>NAME</u>	
The name of the co	rporation shall be:	
SOUTH BEACH C	CITYGRILLE, INC.	
ARTICLE II	PRINCIPAL OFFICE	
	t address and mailing address, if di	ifferent is:
10232 SW ROOKE		
PALM CITY, FL 3	4990	
ARTICLE III	PURPOSE	
The purpose for wh	nich the corporation is organized is	:
ANY AND ALL L	AWFUL BUSINESS FILING AS	A "S" CORPORATION
ARTICLE IV	SHARES	
The number of shar	res of stock is:	
1000 SHARES AU	THORIZED	
		As
ARTICLE V	INITIAL OFFICERS AND	VOR DIRECTORS
•	ess(es) and specific title(s):	₹ ₹
CHALOR CROSS,	, PRESIDENT	SS:
ARTICLE VI RE	GISTERED AGENT	7
The name and Flo	rida street address (P.O. Box NO	T acceptable) of the registered agent
CHALOR CROSS		
10232 SW ROOK!	ERY WAY	A 46
PALM CITY, FLO	RIDA 34990	
ARTICLE VII IN	CORPORATOR	
The <u>name and add</u>	Iress of the Incorporator is:	
CHALOR CROSS		
10232 SW ROOK!	ERY WAY	•
PALM CITY, FLO	RIDA 34990	
• • • • • • • • • • • • • • • • • • • •		
Having been named as		ocess for the above stated corporation at the
	ficate, I am familiar with and accept the	e appointment as registered agent and agree
designated in this cert		
designated in this cert		a-12-10
designated in this cert in this capacity	ed Agent	3-13-09 Date
designated in this cert	ed Agent	3-13-09 Date