

PI 5000072062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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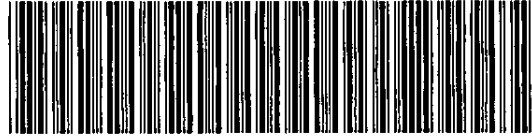
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

9/1/15

COVER LETTER

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

SUBJECT: THE BEACH HOUSE BAR AND GRILLE OF NAVARRE CORP.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: THE BEACH HOUSE BAR AND GRILLE OF NAVARRE CORP.

Name (Printed or typed)

500 S. PALAFOX STREET, SUITE 200

Address

PENSACOLA, FL 32502

City, State & Zip

850-456-7401

Daytime Telephone number

Rebeccah@amfilife.com

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

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DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FL 32314

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

EFFECTIVE DATE 08/24/15

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: THE BEACH HOUSE BAR AND GRILLE OF NAVARRE CORP.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

500 S. PALAFOX ST., SUITE 200

PENSACOLA, FL 32502

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RESTAURANT AND BAR

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARILYN W. HESS / PRESIDENT

Address: 500 S PALAFOX ST.,
SUITE 200
PENSACOLA, FL 32502

Name and Title: CAROL B. HARRISON / V. P. TREASURER

Address: 500 S PALAFOX ST.,
SUITE 200
PENSACOLA, FL 32502

Name and Title: E. LEIGH TAYLOR / V.P. SECRETARY

Address: 500 S PALAFOX ST.,
SUITE 200
PENSACOLA, FL 32502

Name and Title: CASEY BOBE / VICE PRESIDENT

Address: 500 S PALAFOX ST.,
SUITE 200
PENSACOLA, FL 32502

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: CAROL B. HARRISON
Address: 500 S. PALAFOX ST. SUITE 200
PENSACOLA, FL 32502

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: TTN, INC.
Address: 500 S. PALAFOX ST., SUITE 200
PENSACOLA, FL 32502

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TALLAHASSEE, FLORIDA


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: AUGUST 24, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent 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

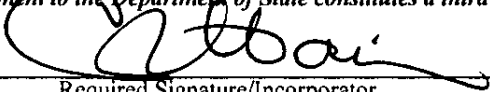


Required Signature/Registered Agent

AUGUST 24, 2015

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

AUGUST 24, 2015

Date