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COVER LETTER

Division of Corp	orations		
SUBJECT:	SOUTHER	ST KESTAURAN	T VENTURES, INC.
	(Name of corpo	oration - must include suffi	x)
Dear Sir or Madam:			
	" and check are submitted	n for Authorization to Tran- d to register the above refer	sact Business in Florida," renced foreign corporation to
Please return all correspo	ndence concerning this m	natter to the following:	
	William	P. Tittle	
	(Nan	ne of Person)	
	Tittle	ne of Person) F Tittle	
	(Firm	n/Company)	
	3201 D	ANNY PARK	, Soite 107
	MA (Address	
	Merai	eie, LA. 700	2002
	(City/S	tate and Zip code)	
For further information co	incerning this matter, ple	ase call:	
WILLIAM P.	Title at 5	04, 450-36 rea Code & Daytime Telep	,78
(Name of Person) (A	rea Code & Daytime Telep	phone Number)
	TER ADDRESS:		ADDRESS:
New Filing Section New Filing Section Division of Corporations Division of Corporations			
Clifton Building	HOUSE	P.O. Box 6327	
2661 Executive C Tallahassee, FL		Tallahassee, FL 32314	
Enclosed is a check for th	e following amount:		. 1
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

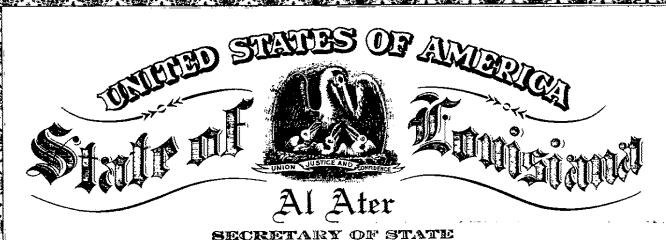
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FULLOWING IS SU REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLOR	
1. SOUTHEAST RESTAURANT VENTURES, INC.	
(Enter name of corporation; must include "TNCORPORATED." "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	-
SOUTHERST RESTAURANT VENTURES of LA. I.	ic.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting b	usiness in Florida)
2. Louisiana 3.	-
(State or country under the law of which it is incorporated) (FFI number, if applications)	
4. MAy 10 2006 5. PERDEFICAL (Duration: Year corp. will cease to exi	
(Date of incorporation) (Duration: Year corp. will cease to ex	ist or "perpetual")
6	•
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. P.O. Box 6/04, METAIRIE CA. 70009 / 3330 VETERANS TO (Principal office address) METAIRIE, CA.	Sur Suite C
(Principal office address) MCTAIZIE LA.	70002
Floring Address: SIGINW 120 ST. MiAmi, 7/4 (Current mailing address)	. 33/26
(Current mailing address)	ALL NOTICES
8. ENGAGE IN ANY KNEW Activity.	TO METAINIE ADDRESS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida	1)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	d . 2
Name: FARIS BUSHNAQ	SECT OF T
Office Address: 8191 NW 12th Street	2006 JUL 26 SECRETARY
Miami Florida, Florida 33126	[1] C
(City) (Zip code)	
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated co.	PH 4: 08 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 p	erformance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.	
FAIL BONS	
(Registered agent's signature)	-
//	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECT			
Chairman:	ELIE KHOURY		
Address:	3330 Veterins Blod, Suite C		
	METAIRIE, LA. 70002		
Vice Chairman	r		
Address:			
		<u> </u>	···
Director:	FARIS BUSHNAQ		
Address:			
	MiAmi, Floreida 33126		
Director:	f V AA		
Address:	3732 Red Cypress		
	New Orleans 4. 70131		
B. OFFICE	ELIE KHOURU		
Address	3330 VETERANS Blog Suite C	,	
Address.	METAIRIE, LA. 70002		
Vice President:			-
Address:		PEC S	-77
		HAN LE	firence.
Secretary/Tur	George Matta	ARY C	m
Address:	3732 Red Cyplas	EF S	O
Treasurer:	New Orleans LA. 2013/	AFF 08	
Address:			<u>.</u>
		₹	. 3
NOTE: If nec	cessary, you may attach an addendum to the application listing additional officers a	md/or directors.	
13		,	
	(Signature of Director or Officer listed in number 12 of the application)		
14	(Typed or printed name and capacity of person signing application)		
	* - * * * * * * * * * * * * * * * * * *		



As Secretary of State, of the State of Louisiana, I do hereby Certify that SOUTHEAST RESTAURANT VENTURES, INC.

A corporation domiciled in METAIRIE, LOUISIANA,

Filed charter and qualified to do business in this State on May 10, 2006,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

May 10, 2006

JMO 36181315D

Secretary of State

