

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PO10000014744

FILED
01 FEB -8 PM 1:40
TALLHASSEE, FLORIDA
DEPARTMENT OF STATE

Mom's Place Family Restaurant, Inc.

400003661694--0
-02/08/01--01070--008
*****70.00 *****70.00

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

RECEIVED
01 FEB -8 AM 11:34
STATE DEPARTMENT OF OPERATIONS
TALLHASSEE, FLORIDA

Signature _____

Requested by: SR

Name _____

Date 2/3/01

Time 10:54

Walk-In _____

Will Pick Up _____

ARTICLES OF INCORPORATION
OF
MOM'S PLACE FAMILY RESTAURANT, Inc.

FILED
01 FEB - 8 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation shall be:

MOM'S PLACE FAMILY RESTAURANT, Inc.

The principal place of business of this corporation shall be:

***4816 N. DALE MABRY HWY
TAMPA, FL 33614***

The mailing address of this corporation shall be:

***4816 N. DALE MABRY HWY
TAMPA, FL 33614***

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in or transact any or all-lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock have \$1.00 per value per share.

ARTICLE IV. TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE V. OFFICERS DIRECTORS

This corporation is to have one director and one officer, initially. The name and street address of the initial director and officer who shall hold office for the first year of the corporation's existence, or until his successor is elected or appointed is:

*EFTHALIA KALLIS
President*

*4816 DALE MABRY HWY
TAMPA, FL 33614*

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to the Articles of Incorporation is:

EFTHALIA KALLIS

*4816 N. DALE MABRY HWY
TAMPA, FL 33614*

IN WITNESS WHEREOF, the under signed incorporator has executed these Articles of Incorporation this 7th day of FEB, 2001.

Signature of Incorporator

Efthalia Kallis
Incorporator

STATE OF FLORIDA
COUNTY OF PINELLAS

THE FOREGOING instrument was acknowledge and sworn to before me this 7th day of FEB, 2001, by EFTHALIA KALLIS of MOM'S PLACE FAMILY RESTAURANT, Inc.

Notary Public

FL. Drivers Lic. #

K 420-200-53-771-0

Dori A. Lindsley



Dori A. Lindsley
Commission # OG 321541
Expires Apr. 15, 2003
Bonded Thru
Atlantic Bonding Co., Inc.

CERTIFICATE DESIGNATING

REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office / registered agent, in the State of Florida .

1. The name of the corporation is:

MOM'S PLACE FAMILY RESTAURANT, Inc..

2. The name and address of the registered agent and office is:

Name: EFTHALIA KALLIS

Address: 4816 N. DALE MABRY HWY

City: TAMPA State: FL Zip Code: 33614

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SIGNATURE: Efthalia Kallis

TITLE: PRESIDENT

DATE: 2/7/01

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE: Efthalia Kallis

DATE: 2/7/01