

P00000013855

FILED  
00 FEB -3 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Peter Makris  
2110 Drew Street  
Clearwater, FL 33765

2/1/00

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

100003122661--5  
-02/03/00--01076--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Gentlemen:

I am enclosing the Articles of Incorporation and the Certificate Designating Registered Agent / Registered Office. Also enclosed are the applicable fees for the Department of State. Please file the Articles of Incorporation as soon as possible and return the articles back to the address below:

Peter Makris  
2110 Drew Street  
Clearwater, FL 33765

If there are any questions, or you are having problems filing the Articles, please call me at (727) 446-0000.

Very Truly Yours,

  
Peter Makris

2-9  
WC

**ARTICLES OF INCORPORATION**  
**OF**  
**HALF SHELL RESTAURANT & PUB, INC.**

FILED  
00 FEB -3 AM 9:13  
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:***

***HALF SHELL RESTAURANT & PUB, INC.***

***The principal place of business of this corporation shall be:***

***9125 RIDGE ROAD, NEW PORT RICHEY, FL 34654.***

***The mailing address of this corporation shall be:***

***9125 RIDGE ROAD, NEW PORT RICHEY, FL 34654.***

**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 two directors and two officers, initially. The name and street address of the initial directors and officers who shall hold office for the first year of the corporation's existence, or until their successors are elected or appointed are:***

***Dana Meyers  
President***

***7632 Limington Drive  
Port Richey, FL 34668***

***Michael De Freese  
Secretary***

***6730 Pin Cherry lane  
Port Richey, FL 34668***

### **ARTICLE VI. INCORPORATOR**

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

***Michael De Freese***

***6730 Pin Cherry lane  
Port Richey, FL 34668***

IN WITNESS WHEREOF, the under signed incorporator has executed these Articles of Incorporation this 15<sup>th</sup> day of FEB, 2000.

Signature of Incorporator



Incorporator

STATE OF FLORIDA  
COUNTY OF PINELLAS

THE FOREGOING instrument was acknowledge and sworn to before me this 15<sup>th</sup> day of FEB, 2000, by HALF SHELL RESTAURANT & PUB, INC. of MICHAEL DE FREESE.

FL. DRIVERS License  
D162-541-69-135-0

Notary Public



Dori A. Lindsley  
Commission # 00821341  
Expires Apr. 13, 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:

*HALF SHELL RESTAURANT & PUB, INC.*

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

Name: *MICHAEL DE FREESE*

Address: *6730 PIN CHERRY LANE*

City: *PORT RICHEY* State: *FLORIDA* Zip Code: *34668*

SIGNATURE: \_\_\_\_\_

TITLE: *SECRETARY*

DATE: \_\_\_\_\_

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: \_\_\_\_\_

DATE: \_\_\_\_\_

FILED  
00 FEB -3 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA