POCOCOOGGCS Carlos Thomas Requestor's Name

3045. Orange Blossong Trail
Address

Or/TM do. Fb. 32800-407-649-1600 City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ZORA	RESTUARANT, INC. orporation Name) (Document #)	<u> </u>	
2	orporation Name) (Document #)	屋盖 夏 卫	
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	orporation Name) (Document #)	PAR D	
4	orporation Name) (Document #)	\$ 5 5	
Walk in Mail out	Pick up-time Certified Copy Will wait Photocopy Certificate of State	OO MAR 24 M DEPARIMENT OF TALLANDESSEE, FO	1 > 1
NEW FILINGS:	AMENDMENTS	FEE N	
 Profit	Amendment	M II: 48	
NonProfit	Resignation of R.A., Officer/Director		
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
 Other	Merger		

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
<u> </u>	Limited Partnership
	Reinstatement
	Trademark
	Other

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T. SMATTH MAR 2 4 2000

Will wait

ARTICLES OF INCORPORATION

FOR

ZORA RESTUARANT, INC.

ARTICLE ONE

THE NAME OF THE CORPORATION IS ZORA RESTUARANT, INC.

ARTICLE TWO

THE PERIOD , TERM AND DURATION IS PEREPUALITY

ARTICLE THREE

THIS BUSINESS, IF GRANTED CORPORATE STATUS WILL COMMENCE ITS BUSINESS AS A FULL SERVICE RESTAURANT, WHEREIN, WE WILL PERPARE AND SERVE FOODS OF ALL KINDS. THE BUSINESS WILL ACT AS A FULL SERVICE REATAURANT FACILITY. THE BUSINESS WILL TRANSACT ALL OF ITS BUSINESS UNDER THE NAME ZORA RESTAURANT, INC. ALSO THE BUSINESS WILL DO ANY OTHER BUSINESS AS PROVIDED FOR BU CHARTER.

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES BY WHICH THE CORPORATION SHALL HAVE THE AUTHORITY TO ISSUE WILL BE 2,000 SHARES . EACH SHARE SHALL A PAR VALUE ON ONE DOLLAR EACH.

ARTICLE FIVE

THE CORPORATION WILL NOT COMMENCE ANY OF ITS BUSINESS UNTIL SUCH TIME AS IT HAS RECEIVED FOR THE ISSUANCE OF SHARES AN AMOUNT IN CONSIDERATION OF THE VALUE OF TWO THOUSAND DOLLARS.

ARTICLE SIX

THE STREET ADDRESS OF ITS INITIAL REGISTERED OFFICE IS 312 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL. ZIP CODE NUMBER 32805. THE NAME OF THE INITIAL REGISTERED AGENT IS RONALD WHOSE ADDRESS IS 312 SOUTH ORANGE BLOSSOM TRIAL ,ORLANDO FLORIDA ,32805. THE PRINCIPAL PLACE OF BUSINESS IS THE SAME AS THE REGISTERED OFFICE.

ARTICLE SEVEN

THE NUMBER OF DIRECTORS WHICH SHALL CONSTITUTE THE BOARD DIRECTORS IS ONE. THE NAME AND ADDRESS OF THE PERSON WHO WILL SERVE AS DIRECTOR IS AS FOLLOWS.

ADDRESS

312 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL. 32805

ARTICLE EIGHT

THE BOARD OF DIRECTORS SHALL HAVE THE POWER AND THE RIGHT TO DEVELOP, SET, AND OR MODIFY ITS BY-LAWS WITHOUT RESTRICTIONS OF THEIR POWERS AS CONFERRED BY STATUE.

ARTICLE NINE

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

CARLTON THOMAS 304 SOUTH O.B.T. ORLANDO FL. 32805.

THE DUTIES AND POWERS OF THE INCORPORATOR SHALL CEASE ONCE THE BUSINESS IS GRANTED FULL CORPORATE STATUS.

DEPARTMENT OF CORPORATIONS P.O. BOX 6237 TALLAHASSEE, FL.32310

DEAR SIR / MADAM;

ATTACHED AND ENCLOSED ARE ARTICLES OF INCORPORATIONS FOR ZORA RESTAURANT, INC. ALSO ENCLOSED IS THE FILLING FEE AND TWO COPIES. PLEASE EXECUTE THESE DOCUMENTS AND RETURN A COPY TO ME. THE REGISTERED AGENT NAME AND ADDRESS OF REGISTERED OFFICE IS RONALD EDOUARD WHOM ADDRESS IS 312 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FLORIDA 32805.

PONALD EDOLLARD

CERTIFICATE OF DESTINATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUES, THE UNDERSIGNED CORPORATION, ORGANISED UNDER THE LAWS OF FLORIDA SUMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICR/REGISTERED AGENT, IN THE STATE OF FLORIDA.

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ZORA	RES7	ΓAURA	NT IN	C.	

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

RONALD EDOUARD (NAME) 312 SOUTH ORANGE BLOSSOM TRAIL

(P.O. BOXES NOT ACCEPTABLE)
ORLANDO FL. 32805
(CITY/STATE/ZIP)

OR WAR 24 TH 12: 15
OFFICE TO THE TRIPS

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED IN THIS CERTIFICATE. I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND A AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUES RELATING TO THE PROPER AND COMPLETE PROFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY.

Lonald Edouard

3-22-2000 DATE