# POSMITALE LET LOS 38

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

SUBJECT:	Oaks Café, Inc.			
Sobsect.	(Proposed corpo	rate name - must include suf		
	·	90	000032144 -04/19/0001 *****70.00	4090 1046009 ******0.00
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:	[
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Nikolaos Savouidakis Name (F	Printed or typed)		
	8818 State Road 52 Address			
	Hudson, FL 34667  City, State & Zip			
	(727) 869-4302 ES S S S S S S S S S S S S S S S S S S			
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NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

Oaks Café, Inc.



# ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8818 State Road 52 Hudson, FL 34667

# ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Nikolaos Savouidakis 8818 State Road 52 Hudson, FL 34667

# ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Nikolaos Savouidakis 8818 State Road 52 Hudson FL 34667

Signature/Incorporator

4-10-00

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date