

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

**P000000053952**

*Jake's, Inc.*

000003272250--6  
-05/31/00--01066--017  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

<input checked="" type="checkbox"/>	Art of Inc. File <u>Cert.</u>	00 JUN -5 PM 12:39 FILED TALLAHASSEE, FLORIDA SECRETARY OF STATE
<input type="checkbox"/>	LTD Partnership File	
<input type="checkbox"/>	Foreign Corp. File	
<input type="checkbox"/>	L.C. File	
<input type="checkbox"/>	Fictitious Name File	
<input type="checkbox"/>	Trade/Service Mark	
<input type="checkbox"/>	Merger File	00 MAY 31 PM 12:47 RECEIVED TALLAHASSEE, FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS
<input type="checkbox"/>	Art. of Amend. File	
<input type="checkbox"/>	RA Resignation	
<input type="checkbox"/>	Dissolution / Withdrawal	
<input type="checkbox"/>	Annual Report / Reinstatement	
<input checked="" type="checkbox"/>	Cert. Copy	
<input type="checkbox"/>	Photo Copy	
<input type="checkbox"/>	Certificate of Good Standing	
<input type="checkbox"/>	Certificate of Status	
<input type="checkbox"/>	Certificate of Fictitious Name	
<input type="checkbox"/>	Corp Record Search	
<input type="checkbox"/>	Officer Search	
<input type="checkbox"/>	Fictitious Search	
<input type="checkbox"/>	Fictitious Owner Search	
<input type="checkbox"/>	Vehicle Search	
<input type="checkbox"/>	Driving Record	
<input type="checkbox"/>	UCC 1 or 3 File	
<input type="checkbox"/>	UCC 11 Search	
<input type="checkbox"/>	UCC 11 Retrieval	
<input type="checkbox"/>	Courier	

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

T. Burch JUN 5 2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 1, 2000

CAPITAL CONNECTION INC  
417 E VIRGINIA ST SUITE 1  
TALLAHASSEE, FL 32302

SUBJECT: JAKE'S, INC.  
Ref. Number: W00000013919

We have received your document for JAKE'S, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6923.

RoseAnn Varnadore  
Corporate Specialist Supervisor

Letter Number: 500A00030844

FILED

ARTICLES OF INCORPORATION  
OF  
JAKE'S STEAKPLACE, INC.

00 JUN -5 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this corporation shall be JAKE'S STEAKPLACE, INC. and the address of the principal office of the corporation is 280 W. Retta, DeLeon Springs, FL 32130.

ARTICLE II - DURATION

The term of existence of this corporation shall be perpetual.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of conducting any and all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 1,000 shares of common stock, each share with a par value of \$1.00.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation will be 280 W. Retta, DeLeon Springs, FL 32130 and the name of the initial registered agent at that office is John Wood.

ARTICLE VI - BOARD OF DIRECTORS

This corporation shall have one director initially. The number of directors may be either increased or decreased from time to time by the By-laws. The initial director shall be John Wood, 280 W. Retta, DeLeon Springs, FL 32130.

ARTICLE VII - INCORPORATOR

The name and address of the incorporator of this corporation is John Wood, 280 W. Retta, DeLeon Springs, FL 32130.

ARTICLE VIII - BY-LAWS

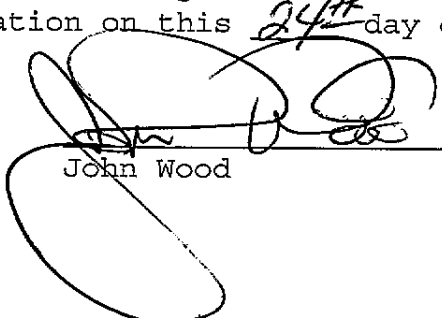
The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors.

ARTICLE IX - AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment to them, and any right conferred upon the shareholders

is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this 24<sup>th</sup> day of May, 2000.

  
\_\_\_\_\_  
John Wood

STATE OF FLORIDA  
COUNTY OF VOLUSIA

BEFORE ME this day personally appeared John Wood, (☒) to me known to be the person described in and who executed the foregoing instrument, or (☐) who has produced his current driver's license for identification, and he acknowledged before me that he executed the same.

WITNESS my hand and official seal this 24<sup>th</sup> day of May, 2000.

K. Bendell Vieira  
Notary Public, State of Florida  
C:\H\CORP\JAKBS.INC

(SEAL)



K. Bendell Vieira  
MY COMMISSION # CC681695 EXPIRES  
September 22, 2001  
BONDED THRU TROY FAIN INSURANCE, INC

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501,  
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: JAKE'S STEAKPLACE, INC.
2. The name and address of the registered agent and office is:

John Wood

(Name)

280 W. Retta

(P.O. Box not acceptable)

DeLeon Springs, FL 32130

(City/State/Zip)

FILED  
00 JUN -5 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

  
John Wood

Dated: 5/24/2000

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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<input checked="" type="checkbox"/>	Cert. Copy	
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<input type="checkbox"/>	Courier	<b>T. Burch</b> JUN 5 2000

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date 5/31

Time 11:36

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 1, 2000

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417 E VIRGINIA ST SUITE 1  
TALLAHASSEE, FL 32302

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RoseAnn Varnadore  
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The name and address of the incorporator of this corporation is John Wood, 280 W. Retta, DeLeon Springs, FL 32130.

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The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors.

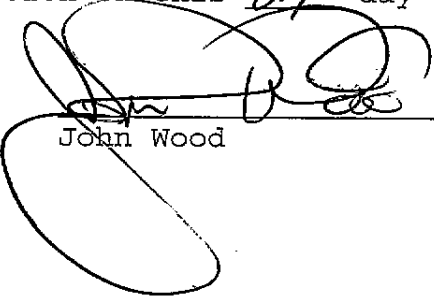
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is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this 24<sup>th</sup> day of May, 2000.

  
\_\_\_\_\_  
John Wood

STATE OF FLORIDA  
COUNTY OF VOLUSIA

BEFORE ME this day personally appeared John Wood, (☒) to me known to be the person described in and who executed the foregoing instrument, or (☐) who has produced his current driver's license for identification, and he acknowledged before me that he executed the same.

WITNESS my hand and official seal this 24<sup>th</sup> day of May, 2000.

K. Bendell Vieira  
Notary Public, State of Florida  
C:\H\CORP\JAKES.INC

(SEAL)



K. Bendell Vieira  
MY COMMISSION # CC681695 EXPIRES  
September 22, 2001  
BONDED THRU TROY FAIN INSURANCE, INC

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: JAKE'S STEAKPLACE, INC.
2. The name and address of the registered agent and office is:

John Wood

(Name)

280 W. Retta

(P.O. Box not acceptable)

DeLeon Springs, FL 32130

(City/State/Zip)

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00 JUN -5 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

  
John Wood

Dated: 5/24/2000