Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305)541-3694 fax Number : (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

LOS TOROS MEXICAN RESTAURANT II, INC.

| Certificate of Status | 0 |
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| Certified Copy | |
| Page Count | (02) |
| Estimated Charge | \$78.75 |

B. McKnight JUN 0 8 2000

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ARTICLES OF INCORPORATION

| | 1 | |
|--|---|--|
| The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. | | |
| Incorporation. LOS TOROS MEXICAN | i | |
| ARTICLE I NAME The name of the corporation shall be: PESTAURANT II, INC | | |
| ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: | | |
| 74 RLANDING BLVO, ORANGE PANK, FL 32073 | | |
| ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time are: 1000 | | |
| ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: | | |
| JOSE JAIME | | |
| 8393 BRIARWOOD RD. JACKSONVILLE, FL 32217 | | |
| | | |
| ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: | | |
| JOSE JAIME | | |
| 8393 BRIARWOOD RD. JACKSONVILLE, F | ! | |
| | | |
| 100 Signature/Incorporator 4-20-00 Date | | |
| Signature/Incorporator Date | | |
| Having been named as a 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. | | |
| Ine A Paine 4.20-00 | | |
| / Signature/Registered Agent Date | 1 | |

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