## POUCOCOSC 596

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

SUBJECT:	The Patio Restaurant of New (Proposed corpor	Smyrna Beach, Inc. ate name - must include suffi	x) -
,		20000327! -06/02/00- *****78.75	
Enclosed is an origina	l and one(1) copy of the article	es of incorporation and a	check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Centificate of Status	□\$78.75 Filing Fee & Centified Copy	S87.50 Filing Fee, Cardified Cappy & Certificate of Status
		ADDITIONAL CO	T T
FROM:	Donald Midland, Jr.	rinted or typed)	
	2409 Tamarand Aver		
Address  Edgewater, Fl 33870  City, State & Zip  904-423-8355			,
			OO JUN SECALI TALLAHA
	Daytime 7	Felephone number	LED  -2 M 7: 42  ANY OF STATE ASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

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## 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:

The Patio Restaurant of New Smryna Beach, Inc.

ARTICLE II PRINCIPAL OFFICE

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

626 N. Dixie Freeway

New Smyrna Beach, Fl 32168

ARTICLE III SHARES

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

1000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michael C. Lynch, Sr.

810 Carey Drive, PO Box 4754, South Daytona, Fl 32121

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Donald Midland, Jr.

2409 Tamarand Avenue, Edgewater, Fl 33870

(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

Signature/Incorporator

Date