TRANSMITTAL LETTER

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

INDIAN DECIGHTS RESTAURANT, INC.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: LIAKATALI FAZAL
Name (Printed or typed)

851 GAST, State Read 434, Suite 214 Address

Congrand, Fr 32750 City, State & Zip

407 - 786 - 8882

Daytime Telephone number

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME
The name of the corporation shall be:
INDIAN DELIGHTS RESTAURANT INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
851 EAST, State Road 434, Suite 214, Congwood, FL 32750
ARTICLE III PURPOSE The purpose for which the
The purpose for which the corporation is organized is:
INDIAN RESTAURANT
ARTICLE IV SHARES
The number of shares of stock is:
The number of shares of stock is: /OO ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):
ARTICLE V INITIAL OFFICERS DIRECTORS (optional)
The name(s) and address(es):
ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
LIARATALI PAZAL
1114 Greenstone BWD, # 100
Hearrow, PL 32746
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
A
114 Greenstone Blug. # 100
H-lathow, FL 32746
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this ertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
and agree to act in this capacity
Och 11/2
Signature/Registered Agent Date

Signature/Incorporator