## TRANSMITTAL LETTER

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

900003563569—8 -01/23/01--01007--007 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT: PAPA DOMINICK'S, INC.			
(Proposed corporate name)			
Enclosed is an original and one (1) copy of the articles of incorporation and \$78.75	a chec	k for	
FROM:	SECRETAF	01 JAN 22	
J & J ACCOUNTING, INC.  Name (printed or typed)	र	PH to	
6270 NORTH LOCKWOOD RIDGE ROAD Address	TATE ORIDA -	ည္	
SARASOTA, FLORIDA 34243-2529  City, State, & Zip	-		
941-355-8501 Telephone Number			

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



FILED
01 JAN 22 PM 4: 34

## ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE FLORIDA

OF

	PAPA	DOMINICK'	S,	INC.
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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

PAPA DOMINICK'S, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

7350 N. LOCKWOOD RIDGE RD. SARASOTA, FL 34243

#### ARTICLE III SHARES

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

10,000 SHARES, NO PAR VALUE

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VICKIE GIALLOMBARDO 7350 N. LOCKWOOD RIDGE RD. SARASOTA, FL 34243

## ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

VICKIE GIALLOMBARDO 7350 N. LOCKWOOD RIDGE RD. SARASOTA, FL 34243

INETEENTH	day of	JANUARY	, <b>XS</b> 2001 .
Viile	a Referios	- la vola	
7		Signature	
		Signature	

Articles of Incorporation Filing Fee - \$35

Signature

# 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: PAPA DOMINICK'S,	INC.
2. The name and address of the registered agent and office is	SSE SSE
VICKIE GTALLOMBARDO (Name)	PN 4: 34 OF STATE FLORID
7350 N. LOCKWOOD RIDGE RD.	
(P.O. Box not acceptable)	
SARASOTA, FL 34243	
(City/State/Zip)	<del>-</del>
Having been named as registered agent and to accept service above stated corporation at the place designated in this certifithe appointment as registered agent and agree to act in this cat to comply with the provisions of all statutes relating to the property of mance of my duties, and I am familiar with and accept the obligates registered agent.	e of process for the icate, I hereby accept apacity. I further agree per and complete perfor- gations of my position
Tichie S. Giallon Los Jo (Signature)	

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL