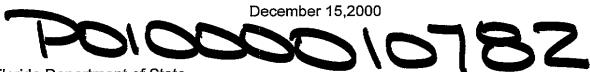
## Schlachta and Associates, Inc.



Florida Department of State PO Box 6327 Tallahassee, Fl. 32314

000003590350--9 -01/29/01--0111--005 \*\*\*\*122.50 \*\*\*\*\*78.75

Re: Voodoo Restaurant and Lounge, Inc.

#### Gentlemen:

Enclosed please find the original and one copy of the articles of incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of the Articles of Incorporation, and fee for Registered Agent designation for the above named corporation.

Very truly yours,

Stěven D. Schlachta

FILED

1 JAN 29 AM 8-2

SECRETARY OF STATE

Jel 20

Voodoo Restaurant and Lounge, Inc.

MAILING ADDRESS OF THE CORPORATION

327 SOUTHWEST 40 TH. TERRACE GAINESVILLE, FL 32607 TELEPHONE 352-25%-2046



### ARTICLES OF INCORPORATION

of

Voodoo Restaurant & Lounge	e, Inc		
(name of c	corporation)		
The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:			
ARTICLE I - COI	RPORATE NAME	75 O1	
The name of the corporation is:			
Voodoo Restaurant & Lounge, Inc		29 II	
ARTICLE II - DURATION		M 8 2	
This corporation shall exist perpetually unless dissolved according to Florida law.			
ARTICLE III - PURPOSE			
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.			
ARTICLE IV - CAPITAL STOCK			
The corporation is authorized to issue _1000 shares of common stock, par value \$1.00 per share.			
ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is:			
STREET ADDRESS			
112 S. Main Street			
CITY Gainesville	FLORIDA	ZIP 32602	
Mailing address, if different:			
STREET ADDRESS P. O. Box 938			
	<b>y</b>	,	
CITY Gainesville	FLORIDA	ZIP 32602	
NAME		118	
ADDRESS			
CITY	FLORIDA	ZIP	

#### **ARTICLE VII - INITIAL BOARD OF DIRECTORS**

This corporation shall haveTWO_directors may be either increased or diminished than one (1). The names and addresses of the	from time to time by the	By-Laws, but shall never be less
NAME Steven Schlachta		1277 - b 127-127 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
ADDRESS 1735 NW 44th Ave.		
CITY Gainesville	STATE FL.	ZIP 32605
NAME Gregory O. Giordano		
ADDRESS 327 SW 40th Terrace		
CITY Gainesville	STATE FL	ZIP32607
NAME	,	
ADDRESS		
CITY	STATE	ZIP
ARTICLE VI The names and addresses of the incorporators  NAME Steven Schlachta  ADDRESS 1735 NW 44th Ave.	II - INCORPORATORS signing these Articles of	Incorporation are as follows:
CITY Gainesville	STATE FL	ZIP 32605
NAME Gregory O. Giordano	Titana taria las Mila Maria de la compania del compania de la compania de la compania del compania de la compania del la compania de la compania della compania de la compania de la compania de la compania de la compania della compa	
ADDRESS 327 SW 40th Terria		
CITY Gainesville	STATE FL.	ZIP 32607
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed day ofDECEMBER	these Articles of Incorpo	(Signature)

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED
1 JAN 29 AM 8: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Voodoo Restaurant and Lounge, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 112 S. Main St., Gainesville, FL. 32602

has named Steven Schlachta

located at the aforesaid address, as its registered agent to accept service of process within this state.

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

FORM 215: CERTIFICATE OF DESIGNATION

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