

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

**PO10000014744**

**FILED**  
01 FEB -8 PM 1:40  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

Mom's Place Family Restaurant, Inc.

**400003661694--0**  
-02/08/01--01070--008  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

- ☒ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

**RECEIVED**  
01 FEB -8 AM 11:34  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE  
OPERATIONS

Signature \_\_\_\_\_

Requested by: SR

Name \_\_\_\_\_ Date 2/8/01 Time 10:54

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

**ARTICLES OF INCORPORATION**  
**OF**  
**MOM'S PLACE FAMILY RESTAURANT, Inc.**

**FILED**  
01 FEB -8 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

***The undersigned incorporator, for the purpose of forming a corporation under Florida General Corporation Act, hereby adopts the following Articles of Incorporation.***

**ARTICLE I. NAME**

***The name of the corporation shall be:***

***MOM'S PLACE FAMILY RESTAURANT, Inc.***

***The principal place of business of this corporation shall be:***

***4816 N. DALE MABRY HWY  
TAMPA, FL 33614***

***The mailing address of this corporation shall be:***

***4816 N. DALE MABRY HWY  
TAMPA, FL 33614***

**ARTICLE II. NATURE OF BUSINESS**

***This corporation may engage in or transact any or all-lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.***

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**ARTICLE III. CAPITAL STOCK**

*The maximum number of shares of that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock have \$1.00 per value per share.*

**ARTICLE IV. TERM OF EXISTENCE**

*The corporation is to exist perpetually.*

**ARTICLE V. OFFICERS DIRECTORS**

*This corporation is to have one director and one officer, initially. The name and street address of the initial director and officer who shall hold office for the first year of the corporation's existence, or until his successor is elected or appointed is:*

*EFTHALIA KALLIS  
President*

*4816 DALE MABRY HWY  
TAMPA, FL 33614*

**ARTICLE VI. INCORPORATOR**

*The name and street address of the incorporator to the Articles of Incorporation is:*

*EFTHALIA KALLIS*

*4816 N. DALE MABRY HWY  
TAMPA, FL 33614*

IN WITNESS WHEREOF, the under signed incorporator has executed these Articles of Incorporation this 7<sup>th</sup> day of FEB, 2001.

Signature of Incorporator

Efthalia Kallis  
Incorporator

STATE OF FLORIDA  
COUNTY OF PINELLAS

THE FOREGOING instrument was acknowledge and sworn to before me this 7<sup>th</sup> day of FEB, 2001, by EFTHALIA KALLIS of MOM'S PLACE FAMILY RESTAURANT, Inc.

Notary Public

FL. Drivers Lic. #

K 420-200-53-771-0

Dori A. Lindsley



Dori A. Lindsley  
Commission # OG 821541  
Expires Apr. 15, 2003  
Bonded Thru  
Atlantic Bonding Co., Inc.

**CERTIFICATE DESIGNATING**

**REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of Section 607.325, 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:

MOM'S PLACE FAMILY RESTAURANT, Inc..

2. The name and address of the registered agent and office is:

Name: EFTHALIA KALLIS

Address: 4816 N. DALE MABRY HWY

City: TAMPA State: FL Zip Code: 33614

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIGNATURE: \_\_\_\_\_

*Efthalia Kallis*

TITLE: PRESIDENT

DATE: \_\_\_\_\_

*2/7/01*

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE: \_\_\_\_\_

*Efthalia Kallis*

DATE: \_\_\_\_\_

*2/7/01*