

TRANSMITTAL LETTER

P01000038511

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

SUBJECT: SARA Restaurant, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000003994400--4
-04/12/01--01069--008
*****78.75 *****78.75

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

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Mohamad ELsawaf
Name (Printed or typed)

4305 West Atlantic BL Ap 805
Address

Coconut Creek, FL 33066
City, State & Zip

(954) 818-1491
Daytime Telephone number

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

F. O'HESSEN

APR 17 2000

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:

SARA Restaurant, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1281 north state RD 7
Mangpet, FL 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Food services, Restaurant, Entertainment

ARTICLE IV SHARES

The number of shares of stock is:

1000

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:

Mohanael ELSawaf
4305 West Atlantic BL Apt# 805
Coconut Creek, FL 33066

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mohanael ELSawaf
4305 West Atlantic BL Apt# 805
Coconut Creek, FL 33066

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Mohanael ELSawaf
Signature/Registered Agent

4.10.01
Date

Mohanael ELSawaf
Signature/Incorporator

4.10.01
Date