

P01000048765

CARLTON THOMAS

Requester's Name

304S. ORANGE BLOSSOM TRAIL

Address

ORLANDO FL. 32805-407-649-1600

City/State/Zip

Phone #

APPROVED  
AND  
FILED  
01 MAY 16 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. SUB ISLAND RESTAURANT INC.

(Corporation Name)

(Document #)

2. \_\_\_\_\_

(Corporation Name)

(Document #)

3. \_\_\_\_\_

(Corporation Name)

(Document #)

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\*\*\*\*157.50 \*\*\*\*\*78.75

4. \_\_\_\_\_

(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

RECEIVED  
1 MAY 16 AM 10:28  
DIVISION OF CORPORATION

Examiner's Initials

5/16  
W

**ARTICLES OF INCORPORATION**  
**FOR**  
**SUB ISLAND RESTAURANT INC.**

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TALLAHASSEE, FLORIDA

**ARTICLE ONE**

THE NAME OF THE CORPORATION IS SUB ISLAND RESTAURANT INC.

**ARTICLE TWO**

THE PERIOD, TERM AND DURATION IS PERPETUAL.

**ARTICLE THREE**

THIS BUSINESS, IF GRANTED CORPORATE STATUS WILL COMMENCE ITS' BUSINESS AS A RESTAURANT AS PROVIDED FOR BY STATUE. ALL OF THE COMPANY'S BUSINESS WILL BE CONDUCTED UNDER THE NAME OF SUB ISLAND RESTAURANT INC.

**ARTICLE FOUR**

THE AGGREGATE NUMBER OF SHARES BY WHICH SUB ISLAND RESTAURANT INC. SHALL HAVE THE AUTHORITY TO ISSUE WILL BE 2,000 SHARES. EACH SHARE SHALL HAVE A PAR VALUE ON ONE DOLLAR EACH.

**ARTICLE FIVE**

THE CORPORATION WILL NOT COMMENCE ANY OF ITS' BUSINESS UNTIL SUCH TIME AS IT HAS RECEIVED FOR THE ISSUANCE OF SHARES AN AMOUNT IN CONSIDERATION OF THE VALUE OF TWO THOUSAND DOLLARS.

**ARTICLE SIX**

THE STREET ADDRESS OF ITS' INITIAL REGISTERED OFFICE IS 456 FAIRVILLA ROAD, ORLANDO, FLORIDA 32808, **THE NAME OF THE REGISTERED AGENT IS POK AE PHILON** WHOSE ADDRESS IS 456 FAIRVILLA ROAD ORLANDO, **FLORIDA ZIP CODE NUMBER 32808**. THE PRINCIPAL PLACE OF BUSINESS IS THE SAME AS THE REGISTERED OFFICE, WHICH IS 456 FAIRVILLA ROAD ORLANDO, FLORIDA 32808.

**ARTICLE SEVEN**

THE NUMBER OF DIRECTORS WHICH SHALL CONSTITUTE THE BOARD DIRECTORS ARE FIVE  
THE NAME AND ADDRESS OF THE PERSONS WHICH WILL SERVE AS DIRECTORS ARE AS  
FOLLOWS:

**NAME**

POK AE PHILON

**ADDRESS**

456 FAIRVILLA ROAD  
ORLANDO FL. 32808

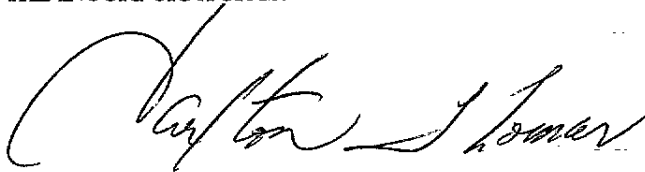
**ARTICLE EIGHT**

THE BOARD OF DIRECTORS SHALL HAVE THE POWER AND THE RIGHT TO DEVELOP, SET, AND  
OR MODIFY ITS BY-LAWS WITHOUT RESTRICTIONS OF THEIR POWERS AS CONFERRED BY  
STATUE.

**ARTICLE NINE**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

**CARLTON THOMAS  
304 SOUTH O.B.T.  
ORLANDO, FL 32805**

A handwritten signature in cursive script, appearing to read "Carlton Thomas", written in dark ink.

THE DUTIES AND POWERS OF THE INCORPORATOR SHALL CEASE ONCE THE BUSINESS IS  
GRANTED FULL CORPORATE STATUS.

**CERTIFICATE OF DESTINATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF FLORIDA SUMMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICER/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

**SUB ISLAND RESTAURANT INC.**

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

*Pok Ae Philon*  
**POK AE PHILON**  
(NAME)

**456 FAIRVILLA ROAD**  
(PO BOXES NOT ACCEPTABLE)

**ORLANDO, FLORIDA 32808**  
(CITY/STATE/ZIP)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 16 AM 10:44

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HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED 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 PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY DESIGNATION AS REGISTERED AGENT.

*Pok Ae Philon*  
SIGNATURE

DATE

*5-10-2007*