TRANSMITTAL LETTER

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

200004684552 11/16/01--01020--001 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

OCALA SUPER BUFFET, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an origina	I and one(1) copy of the article	es of incorporation and a	check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	VIVIAN LIAO Name (P	rinted or typed)	· -	
	ONE EAST BOROAD			
•		Address 10038	NOV 1 ECRETAR LLAHASS	77
	City, 212–566–0556	State & Zip	OF STA	ED
	Daytime T	elephone number		

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

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:  OCALA SUPER BUFFET, INC.	<u></u>			
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is: 618-620 SOUTH PINES AVENUE OCALA FL 34471			ž.	 -
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	· <del></del>	. =	:	
RESTAURANT/BUFFET	-	· -		
ARTICLE IV SHARES  The number of shares of stock is:  200 NO PAR VALUE  ARTICLE V INITIAL OFFICERS DIRECTORS (optional)  The name(s) and address(es):  YU LIN 618-620 SOUTH PINES AVENUE OCALA FL 34471		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:	د م <del>نه بدر</del> د د م	u per esta		-
YU LIN 618-620 SOUTH PINES AVENUE OCALA FL 34471				-
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		originalism of		
YU LIN 618-620 SOUTH PINES AVENUE OCALA FL 34471	·	· - <u>·</u>		
**************************************	d corporation	n at the place desi		

Signature/Registered Agent

Signature/Incorporator

11/12/2001

11/12/2001

Date

Date