02000004714

TRANSMITTAL LETTER

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

SUBJECT:

Hickory Hollow Restaurants, Inc.

(Proposed corporate name - must include suffix)

*****70.00 *****70.00

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

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

Robert James

Name (Printed or typed)

912 Nancy Gamble Lane

Address

Ellenton, FL 34222

City, State & Zip

(941)729-2333

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Hickory Hollow Restaurants, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4705 U.S. Hwy. 301 Ellenton, FL 34222

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

50,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Robert James 912 Nancy Gamble Lane Ellenton, FL 34222

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Robert James 912 Nancy Gamble Lane Ellenton, FL 34222

Signature/Incorporator/ Reg; Stered

1-8-02

Date

(An additional article must be added if an effective date is requested.)

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