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# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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Account Number: 120000000264
Phone: (954)565-9929
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# FLORIDA PROFIT CORPORATION OR P.A.

Friendly Sports Bar & Grill, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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### 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 | NAME

The name of the Corporation shall be: Friendly Sports Bar & Grill, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1390 North State Road 7
Margate, FL 33063

#### ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,000 shares

### ARTICLE IV DIRECTORS

The number of directors constituting the initial board of directors is one (1), and the name and address of the person or persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Dennis Richard Cyriacks

3185 Dogwood Lane

Margate, FL 33063

### ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**Dennis Richard Cyriacks** 

1390 North State Road 7

Margate, FL 33063

### ARTICLE VI INCORPORATOR

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

**Dennis Richard Cyriacks** 

1390 North-State Road\_7

Margate, FL 33063

Signature / Incorporator

4/1/02

Date

Having been named as registered agent 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 sompty with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familial with and accept the obligations of my position as registered agent.

(Signature / Registered Agent

Date

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SECRETARY OF STATE
DIVISION OF CORPORATIONS