P02000060656

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

•	•	•	,	6000055552	5967
SUBJECT:	The Mill	Whistle Restaurant,	Inc.	-05/31/020 ****131.25	#####87.50
	(Proposed corporate name - must include suffix)				

Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 □\$122.50 Filing Fee \$131.25 Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: Khaled Ramadan Name (Printed or typed) 506 Dowling Circle Address Lady Lake, FL 32159 City, State & Zip 352-217-2275 Cell #

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

Daytime Telephone number

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ARTICLES OF INCORPORATION

FILED

MAY 31 AM 9: 47

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

The Mill Whistle Restaurant, Inc.

ARTICLE II PRINCIPAL OFFICE

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

709 N. 14th St. Leesburg, FL 34748 Mailing address: 506 Dowling Circle Lady Lake, FL 32159

ARTICLE III SHARES

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

200

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Khaled Ramadan 506 Dowling Circle Lady Lake, FL 32159

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Khaled Ramadan & Hana Alsamra 506 Dowling Circle Lady Lake, FL 32159

ARTICLE VI EFFECTIVE DATE

June 1, 2002

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 open.

Signature/Registered Agent /Incorporator

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Date