PO200070198 TRANSMITTAL LETTER



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

300005933243--4 -06/24/02--01074--008

SUBJECT: SUNFISE ITY RESTAURANT, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	rinal and one (1) copy of the arti-	cles of incorporation and	l 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	
	C T	<u> </u>	T REQUIRED	
FROM:	DHARI LOBI		<u> </u>	
	Name (Printed or typed) 1624 SW ST ANDROWS DR Address ALM CITY PL 34990			
	ALM LITY City, S	State & Zip	4-170	
-	772 - 28 Daytime Te	S-4093	·7	

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

OB 6/262

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	OZ JUN 24 AM 8: 23
ARTICLE I NAME The name of the corporation shall be:	TALLAHASSEE, FLORIDA
SUNRISE CITY RESTAURANT, INC.	FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 722 S US 1 FT PIECCE, FL ARTICLE III PURPOSE	·
The purpose for which the corporation is organized is: RESTAURANT	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is: SHARI TOBIAS 1624 SW ST ANDREWS DR PARM CITY FL 34990	·
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: SHARI TOBIAS 1624 SW ST ANDREUS DR PAIM CITY D 34990	
***************************	*******
Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	n at the place designated in this capacity
Alor Obian	6-18-02
Signature/Registered Agent	Date
$\Lambda V = I I \sim -$	6-18.02

Date