## TRANSMITTAL LETTER

## P02000102832

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

02 SEP 20 AM II: 20

SECHELARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Co	wford House, Inc. (PROPOSED CORPORAT	TE NAME – MUST INCL	UDE SUFFIX)	
Enclosed are an orio			40000789 -09/20/02- ******78.7	<b>4754</b> 2 -01048012 5 *****78.75
\$70.00 Filing Fee	ginal and one (1) copy of the artic  \$78.75 Filing Fee  & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Aleta J. and James I. Anderson  Name (Printed or typed)			
	4632 Corrientes Circle N.  Address			
٠.	Jacksonville, FL 32217  City, State & Zip			
	(904) 731-3477  Daytime Te	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	FILED
The name of the corporation shall be:	02 SEP 20 AM 11: 20
Cowford House, Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	्रवाच <sup>पर</sup>
4632 Corrientes Circle N., Jacksonville, FL 32217	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Operate a restaurant	. <u></u>
ARTICLE IV SHARES The number of shares of stock is: 500	,
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:	
Aleta Jo Anderson 4632 Corrientes Circle N.	
JACKSONVIlle, FL 32217	
ARTICLE VII INCORPORATOR	_
The <u>name and address</u> of the Incorporator is:	
JAMES I. Anderson 4132 Corrientes Circle N.	-
JACKSONUILL, FL 32217	halla de de cheste de de la de
FF	********

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

9-18-02 Date

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Incorporator