# PO3000034387

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e#)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	



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ACCOUNT NO. : 072100000032
REFERENCE : 9384-91 4723204
AUTHORIZATION: Othicia liquits
COST LIMIT : \$ 70.00
ORDER DATE: February 20, 2003
ORDER TIME : 10:29 AM
ORDER NO. : 938441-005
CUSTOMER NO: 4723204
CUSTOMER: Salvatore G. Scro, Esq. Salvatore G. Scro, Esq.
7194 Oswego Road
Liverpool, NY 130900000
DOMESTIC FILING
NAME: HOOLIGANS RESTUARANT GROUP, INC.
EFFECTIVE DATE:
XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Darlene Ward - EXT. 1135 EXAMINER'S INITIALS:

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be: HOOLIGANS RESTAURANT GROUP, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1233 Celebration Avenue, Apt. B, Celebration, FL 34747

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity with the State of Florida

## ARTICLE IV SHARES

The number of shares of stock is:

1000 npv

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

James A. Ippoliti, 8028 Oswego Road, Liverpool, NY 13090

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Hugh R. Kimnell, 1233 Celebration Avenue, Apt B, Celebration FL 34747

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mary Pat Joy, 80 State Street, Albany, NY 12207

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporated

2/27/13

Date.

03 FEB 28 PH 2: 55
SECRETARY CF STATE
TALLAHASSEE FI DBIA