

P03000038225

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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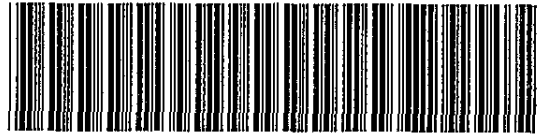
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## **TRANSMITTAL LETTER**

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

**SUBJECT: Pita's Franchising System, Inc.**

**Enclosed is an original and one (1) copy of the articles of incorporation and a check for:**

☒ **\$70.00  
Filing Fee**

☐ **\$78.75  
Filing Fee  
& Certificate**

☐ **\$122.50  
Filing Fee  
& Certified Copy**

☐ **\$131.25  
Filing Fee,  
Certified Copy  
& Certificate**

**ADDITIONAL COPY REQUIRED**

**FROM:**

**Mohamed El-Kasri  
9729 Cypress Shadow Ave.  
Tampa, Florida 33647  
(813) 760-6805**

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

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## **ARTICLES OF INCORPORATION**

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### **ARTICLE I NAME**

The name of the corporation shall be :

**Pita's Franchising System, Inc.**

### **ARTICLE II PRINCIPAL OFFICE**

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

**Pita's Franchising System, Inc.**

**14614 N. Dale Mabry Hwy.**

**Tampa, Florida 33618**

### **ARTICLE III SHARES**

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

**One Thousand Shares of Common Stock with a par value of One Dollar Per Share**

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**Mohamed El-Kasri**

**9729 Cypress Shadow Ave.**

**Tampa, Florida 33647**

**ARTICLE V INCORPORATOR(S)**

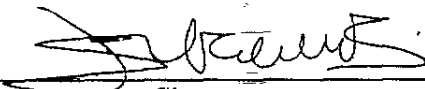
See instructions for officers / directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

**Mohamed El-Kasri**  
**9729 Cypress Shadow Ave.**  
**Tampa, Florida 33647**

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this  
26<sup>th</sup> Day of March, 2003.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**Note: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT / REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,  
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING  
THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF FLORIDA.**


1. The name of the corporation is:

**Pita's Franchising System, Inc.**

2. The name and address of the registered agent and office is:

**Mohamed El-Kasri  
9729 Cypress Shadow Ave.  
Tampa, Florida 33647**

*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 agent.*

  
(Signature)

03-26-03  
(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314

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