

PO30000 51650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

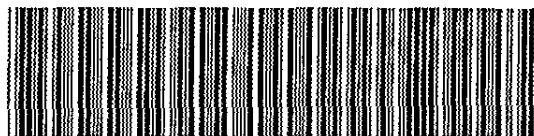
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

03 APR 28 PM 2:32

FILED

SMITH MAY 09 2003

TRANSMITTAL LETTER

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

SUBJECT: ULTIMATE RESTAURANT GROUP, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CLOVER BROWN
Name (Printed or typed)

6520 ABBEYDALE CT
Address

ORLANDO FL 32818
City, State & Zip

(407) 496-1893
Daytime Telephone 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

The name of the corporation shall be:

ULTIMATE RESTAURANT GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6520 ABBEYDALE CT
ORLANDO FL 32818

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ANY AND ALL BUSINESS IN THE
STATE OF FLORIDA FOR RESTAURANT INDUSTRY

ARTICLE IV SHARES

The number of shares of stock is:

THREE (3) MILLION

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:

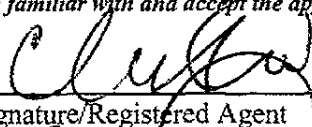
CLOVER BROWN
6520 ABBEYDALE CT
ORLANDO FL 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


CLOVER BROWN
6520 ABBEYDALE CT
ORLANDO FL 32818

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

4.23.03
Date



Signature/Incorporator

4.23.03
Date

FILED
03 APR 28 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA