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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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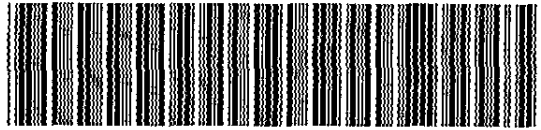
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: MEGHA'S QUIZNO STORE, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: RITABEN PATEL

Name (Printed or typed)

2219 S MACON COURT

Address

AURORA, CO 80014

City, State & Zip

303-755-2770

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:
MEGHA'S QUIZNO STORE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
2219 S MACON COURT, AURORA, CO 80014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
OPERATE SANDWICH SHOP.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

RITABEN PATEL, 2219 S MACON CT, AURORA, CO 80014, PRESIDENT
SHATISHCHANDRA PATEL, 2219 S MACON CT, AURORA, CO 80014, TREASURER

ARTICLE VI REGISTERED AGENT

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

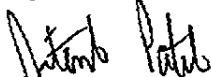
JITENDRA PATEL, 2904 S ORANGE BLOSSOM STREET, ORLANDO, FLORIDA 32805

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RITABEN PATEL, 2219 S MACON CT, AURORA, CO 80014

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

7/30/03

Date



Signature/Incorporator

7/30/03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA