

P03000091860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500022338935

08/18/03--01050--014 \*\*87.50

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 AUG 18 PM 2:00

08/21/03

## TRANSMITTAL LETTER

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

SUBJECT: SBC RESTAURANTS, 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: ALICE CHASE  
Name (Printed or typed)

8019 N. Himes Ave, #400  
Address

TAMPA, FL 33614  
City, State & Zip

(813) 935-5087 x10  
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:

S B C RESTAURANTS, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8019 N. Himes Ave, Suite 400  
TAMPA, FL 33614

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESTAURANT

### ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

PAUL L. SAMSON, PRESIDENT  
8019 N. Himes Ave, Suite 400  
TAMPA, FL 33614

### ARTICLE VI REGISTERED AGENT

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

PAUL L. SAMSON  
8019 N. Himes Ave, Suite 400  
TAMPA, FL 33614

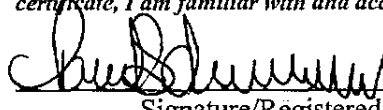
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALICE CHASE  
8019 N. Himes Ave, #400  
TAMPA, FL 33614

\*\*\*\*\*

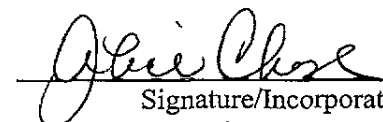
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8/14/03

Date



Signature/Incorporator

8/14/03

Date

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 AUG 18 PM 2:00