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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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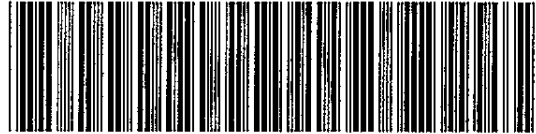
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: Island Breeze of Tampa, 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: Charmaine Earlington-Wong
Name (Printed or typed)

10605 Little-Ben Lane
Address

River View, FL 33569
City, State & Zip

813-677-6512 or 917-282-7389
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:

Island Breeze of Tampa, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10605 Little-Ben Lane
Riverview, FL 33569

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate a restaurant

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):

Charmaine Earlington-Wong, President
10605 Little-Ben Lane
Riverview, FL 33569

Alfred Wong, Vice President
10605 Little-Ben Lane
Riverview, FL 33569

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Charmaine Earlington-Wong
10605 Little-Ben Lane
Riverview, FL 33569

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Charmaine Earlington-Wong
10605 Little-Ben Lane
Riverview, FL 33569

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/Incorporator

Date

Date