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COVER LETTER

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

SUBJECT:	T.F. Restaur (PROPOSED CORPORA)	ant Managema TE NAME - MUST FACL	ent Inc.
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:		Fayed (Printed or typed) and Tree ct	
		FL 3283 State & Zip 72 - 0540 Elephone number	35

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

••			
ARTICLES OF INCORPORATIO	N		,
In compliance with Chapter 607 and/or Cha	apter 621, F.S. (Profit)		و پر پیشی
ARTICLE I NAME			ED
The name of the corporation shall be:			05 DEC 19 PH 3:
TERAL	+ Mauren	ent. Inc.	PH 3:
1. The slaur	anc I ranagem	en ; ···	ALLAHASSE OF STAT
The name of the corporation shall be: T. F. Restaut ARTICLE II PRINCIPAL OFFICE			FLORIL
The principal place of hyginecolmailing addre	acc ic.		
1215 North U	Joodland Bl	ud. , Delar	nd, FL. 3272
ARTICLE III PURPOSE			
The purpose for which the corporation is or	ganized is:		
Runas	Restaurant		_
, , , , , , ,			
ARTICLE IV SHARES	4		-
The number of shares of stock is:	"One Hundred	1" Share	
, 5	, 0		
ARTICLE V INITIAL OFFICERS	AND/OR DIRECTORS	}	-
List name(s), address(es) and specific title(s):		
Tarek Fau	ied		
1243 Almond To	' at Aul	anda Fl	31835
1243 Almond I	iee c. Orc	ando, i —	
The name and Florida street address (P.O.		he registered agent is:	
		ne registered agent is.	
Tarek Faye	<i>d</i> , ,	+1	21835
1243 Almond	Tree ct. 0	rlando, t L.	32.00
ARTICLE VII INCORPORATOR			
The name and address of the Incorporator is	s: \	·	_
Tarek Fay	ed		
1243 Almond	Time of Orl	lando.FL 3	2835
• -			
**************************************	rvice of process for the above s	stated corporation at the p	
Crack Ferry		19 11	0.05
Signature/Registered Agent		12-16 Dat	<u>e </u>
To & In 1		12-12	_
Signature/Incorporator			
Signature incorporator		1741	-