P07000072739

(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

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06/11/07--01020--017 **78.75

FILED
07 JUN 22 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: O'BRIENS RESTAURANT 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: NEBE C AKOSA
Name (Printed or typed)

8115 E MAYTAVISH WAY
Address

JACKSONVILLE FL 32244
City, State & Zip

904 573 9046
Daytime Telephone number

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2007

NEBE C AKOSA
8115 E MAZTAVISHWAY
JACKSONVILLE, FL 32244

SUBJECT: O'BRIENS RESTAURANT INC
Ref. Number: W07000027868

We have received your document for O'BRIENS RESTAURANT INC and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 507A00039547

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: OBRIENS RESTAURANT INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5534 HIGHWAY AVENUE
JACKSONVILLE FLORIDA 32254

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RESTAURANT

ARTICLE IV SHARES

The number of shares of stock is: ~~ONE~~ ONE (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): NEBE C AKOSA (OWNER)
8115 E MACTAVISH WAY
JACKSONVILLE FL 32244

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:
NEBE C AKOSA
8115 E MACTAVISH WAY
JAX FL 32244

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is: NEBE C AKOSA
8115 E MACTAVISH WAY
JACKSONVILLE FL 32244

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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 — Date: 6/7/07

Signature/Incorporator — Date: 6/7/07