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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone

: (850)521-1000

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: (850)558-1575

FLORIDA PROFIT/NON PROFIT CORPORATION

MG RESTAURANT, INC.

Certificate of Status	0
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Corporate Filing Menu

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4/2/2008

P. 2GE 03/04

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MG Restaurant, Inc., A Florida Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5337 N. STATE ROAD 7, TAMARAC, FLORIDA 33319

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have our standing at any one time is

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Barry M. Sickles, Esq.

3300 University Drive, Suite 712, Coral Springs, Florida 33065

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Verona Marsh

5337 N. STATE ROAD 7, TAMARAC, FLORIDA 33319

ARTICLE VI INITIAL DIRECTORS OF THE CORPORATION

President:

Verona Marsh

5337 N. STATE ROAD 7, TAMARAC, FLORIDA 33319

Vice President Donna Mortimer

5337 NORTH STATE ROAD 7, TAMARAC, FLORIDA 33319

ARTICLE XI PURPOSE

The purpose of this Corporation is the management and operation of a restaurant and related activities

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(2)

Signature/Incorporator

Verona Marsh

Date: April 2, 2008

(An additional article must be added if an effective date is requested.)

Having been named as registered agent ant to accept service of process for the above stated corporation at the place designated in this certificate I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Barry M. Sickles, Esq.

Date: April 2, 2008

2008 APR -2 PM 3: 04
SECRETARY OF STATE
TALLAHASSEF F STATE