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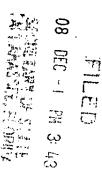
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COVER LETTER

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

SUBJECT:	ASTA BOWL,	luc.	TE NAME – <u>MUST INCI</u>	•	
	(PROPOSED C	ORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an ori	iginal and one (1) copy o	of the artic	les of incorporation and	a check for:	
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\$70.00	□ \$78.75		⊠ \$78.75	\$87.50	
Filing Fee	Filing Fee & Certificate of Stat	tue	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
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	ADDITIONAL COPY REQUIRED				
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FROM:	MICHAEL R.	DIMIN	-A		
Name (Printed or typed)					
4113 HAMPTON Deive					
Address					
	New Pour Rx	_	FL 34652		
	JOHN JOHN CX	City, S	tate & Zip		
	•		-		
	513-284-44				
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: TASTA BOWLING. ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 4113 HAMPION DRIVE New PORT RICHEY, FL ARTICLE III PURPOSE The purpose for which the corporation is organized is: KESTAURANT ARTICLE IV SHARES The number of shares of stock is: 1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): List name(s), address(es) and specific title(s): MICHAEL L. DUNHAM 4113 HAMPION DE., NEW POOR RUNDY, FL 34652 PRES. M LEE OFF WITHIN REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 4113 Hampion DR, Now POUT RICKEY, FL 34652 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: MICHAEL R. DUNHAM 4113 HAMPION DR., NEW POLT REMOY, FL 34652 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 ignature/Registered Agent

Signature/Incorporator