

PD9000040/35

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

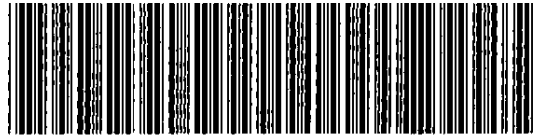
Special Instructions to Filing Officer:

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04/20/09--01005--019 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY -5 AM 8:12

APPROVED  
AND  
FILED

## COVER LETTER

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

**SUBJECT:** Salt Springs Restaurants, 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:** James Snowden

Name (Printed or typed)

25011 NE Highway 314

Address

Salt Springs, FL 32134

City, State & Zip

561-715-5623

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2009

DENNIS SICKLE  
25011 NE HIGHWAY 314  
SALT SPRINGS, FL 32134

SUBJECT: SALT SPRINGS RESTAURANTS, INC. DBA BASS CHAMPIONS  
RESTAUNT  
Ref. Number: W09000018726

We have received your document for SALT SPRINGS RESTAURANTS, INC. DBA BASS CHAMPIONS RESTAUNT and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6934.

Loria Poole  
Regulatory Specialist II

Letter Number: 309A00013403

RECEIVED  
DEPARTMENT OF STATE  
09 MAY -5 PM 4:06

## 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:

Salt Springs Restaurants, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

25011 NE Highway 314  
Salt Springs, FL 32134

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
for the general purpose of conducting any lawful business

### 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):

James Snowden, 25011 NE Highway 314, Salt Springs, FL 32134 President  
Dennis Sickie, 25011 NE Highway 314, Salt Springs, FL 32134 VP

### ARTICLE VI REGISTERED AGENT

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

James Snowden  
25011 NE Highway 314  
Salt Springs, FL 32134

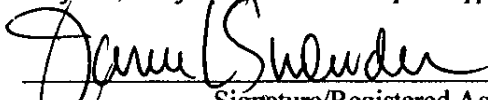
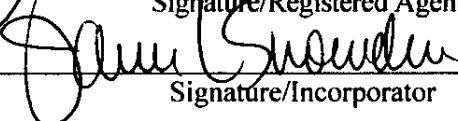
### ARTICLE VII INCORPORATOR

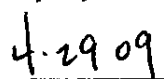
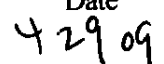
The name and address of the Incorporator is:

James Snowden  
25011 NE Highway 314  
Salt Springs, FL 32134

\*\*\*\*\*

*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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY -5 AM 8:12

APPROVED  
AND  
FILED