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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : 120000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFTT/NON PROFIT CORPORATION

ZaZa's Fresh Mediterranean, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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2009 NOV 17 PM 1:18
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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CAPITAL CONNECTION

NO. 6006, P. 2.



November 16, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

YOUR CAPITAL CONNECTION, INC.

SUBJECT: ZAZA'S FRESH MEDITERRANEAN, INC.
REF: W09000050237

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

Please verify the spelling of your directors first name in article VII. Is it Willaim or William?

An effective date may be added to the Articles of Incorporation if a 2010 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

FAX Aud. #: H09000240068
Letter Number: 309A00035518

**ARTICLES OF INCORPORATION
OF
ZaZa's Fresh Mediterranean, Inc.**

The undersigned Incorporator, a natural person competent to contract, hereby forms a corporation under the Florida Business Corporation Act.

ARTICLE I- NAME

The name of this Corporation shall be:
Zaza's Fresh Mediterranean, Inc.

ARTICLE II-TERM AND COMMENCEMENT OF EXISTENCE

The corporation is to exist perpetually. This corporation shall commence to exist on the date of filing.

ARTICLE III-PURPOSE OF CORPORATION

This corporation is organized for the following purposes:

- A. To engage in the food and restaurant business.
- B. To own property, enter into contracts, invest and to carry on any business necessary or incidental to the accomplishment or furtherance of the purpose of objects of this corporation.
- C. To do everything necessary, proper or convenient for the accomplishment of any of the purposes herein set forth and to do every other act incidental thereto which is not forbidden by the law of the State of Florida.

ARTICLE IV-CAPITAL STOCK

The aggregate number of shares, which the corporation shall have authority to issue, is One Thousand (1000) shares of common stock having a per value of One (\$.01) Cent per share.

**ARTICLE V-NAME OF REGISTERED AGENT
AND ADDRESS OF REGISTERED OFFICE**

The street address of the corporation's initial registered office shall be One Fifth Avenue South, Lake Worth, Florida 33460. The name of the corporation initial's registered agent at such address is Omar Hammad.

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TALLAHASSEE, FLORIDA

ARTICLE VI-INITIAL DIRECTORS

Initially this corporation shall initially have two (2) directors. The number of directors may be either increased or diminished from time to time by by-laws adopted by the stockholders.

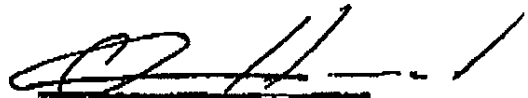
ARTICLE VII-INITIAL DIRECTORS

The names and addresses of the initial members of the Board of Directors are: Omar Hammad, One Fifth Avenue South, Lake Worth, FL 33460, and William Chewning, One Fifth Avenue South, Lake Worth, FL 33460

ARTICLE VIII-INCORPORATION

The name and address of the Incorporator is:

Omar Hammad
One Fifth Avenue South
Lake Worth, Florida 33460


Omar Hammad

ACKNOWLEDGMENT:

Having been named to accept service of process for the above-stated Corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of section 607.0505, Florida Statutes.

Dated this 10th day of ~~October~~ November, 2009.

REGISTERED AGENT:


Omar Hammad

STATE OF FLORIDA)

) SS:

COUNTY OF PALM BEACH)

On this 10th day of November, 2009, before me, the undersigned Notary Public of the State of Florida, personally appeared Omar Hammad, whose name is subscribed to the within instrument, and he acknowledges that he executed it.

____ Personally known to me, or
____ Produced Identification: Driver's License



[Notary Public Seal of Office]

WITNESS my hand and official seal

Pilar A. Liza
Notary Signature:

PILAR A. LIZA

Print Name:
NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

ARTICLE IX: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **One Fifth Avenue South, Lake Worth, FL 33460**