

P10000003736

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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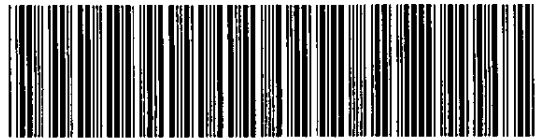
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: FUSION RESTAURANT GROUP, 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: FUSION RESTAURANT GROUP, INC

Name (Printed or typed)

620 CROWN OAK CENTRE SUITE 104

Address

LONGWOOD, FLORIDA

32750

City, State & Zip

407-687-8272

Daytime Telephone number

CONNIERANDERSON@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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:

Fusion Restaurant Group, Inc

ARTICLE II PRINCIPAL OFFICE

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

620 Crown Oak Centre Suite 104
Longwood, FL 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Restaurant Holding Company

ARTICLE IV SHARES

The number of shares of stock is: 100,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Tim Murray - President

ARTICLE VI REGISTERED AGENT

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

Tim Murray
3200 Deer Chase Run
Longwood, FL 32779

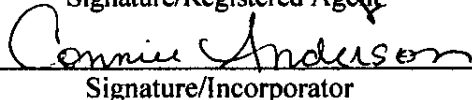
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Connie Anderson
3507 Summer Haven Lane
Apopka, FL 32703

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

11/7/10
Date

1/07/10
Date

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10 JAN 12 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA