

P10000099834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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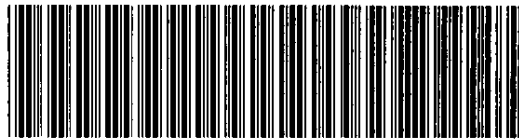
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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W14-55534

**COVER LETTER**

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

**SUBJECT: ZEKOS EXPRESS GRILL, 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: KHALED EL JAMAL**

Name (Printed or typed)

**4201 POMPANO DR., SE**

Address

**ST. PETERSBURG, FL 33705**

City, State & Zip

**727-512-4832**

Daytime Telephone number

**ssibarbara@verizon.net**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: **Zeko's Express Grill Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3609 E. Bush Blvd.  
Tampa, FL 33604

Mailing address, if different is:

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Generate Profit**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Khaled El Jamal, President Name and Title: \_\_\_\_\_  
Address: 4201 Pompano Dr., SE Address: \_\_\_\_\_  
St. Petersburg, FL 33705

Name and Title: Susan El Jamal, VP Name and Title: \_\_\_\_\_  
Address: 4201 Pompano Dr., SE Address: \_\_\_\_\_  
St. Petersburg, FL 33705

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Khaled El Jamal  
Address: 4201 Pompano Dr., SE  
St. Petersburg, FL 33705

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Khaled El Jamal  
Address: 4201 Pompano Dr. SE  
St. Petersburg, FL 33705

*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*

Khaled El Jamal  
Required Signature/Registered Agent

11/11/10  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Khaled El Jamal  
Required Signature/Incorporator

11/11/10  
Date

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