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(CI	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

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

7

SUBJECT: JD Restaurant Group,	Inc.	
(PROPOSED CORPORA Enclosed are an original and one (1) copy of the arti		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: Jeff Donnel Name	(Printed or typed)	· · · · · · · · · · · · · · · · · · ·
65 Granada Avenue	Address	
Merritt Island, FL 3295;	2 State & Zip	
562-477-2630 Daytime T	elephone number	
jeff.donnel@gmail.com E-mail address: (to be used	d 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)

RTICLE II	PRINCIPAL OFFICE			
	Principal street address	Mailing a	address, if different is:	
	55 Granada Avenue			-
	Merritt Island, FL 32952			•
RTICLE III				
	hich the corporation is organized is: nancial support in opening and op	perating Firehouse Subs	restaurants.	
•		3		
	•			
RTICLE IV	EHARES res of stock is: 1000			
	INITIAL OFFICERS AND/OR DIREC	TOPS		
	itle: Jeff Donnel, President			
Address:	65 Granada Avenue	Address:		
	Merritt Island, FL 32952			
				•
	itle:	Name and Title:	<u> </u>	
Address:		Address:		•
Name and Ti	itle:	Name and Title:	11 SEP	NS
Address:			S	Sic
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	REGISTERED AGENT		77	. ex
	orida street address (P.O. Box NOT acceptal	ble) of the registered agent is:	<u> </u>	
Name: Address:	Jeff Donnel		-	•
Audiess.	65 Granada Avenue Merritt Island FL 32952		9	JRPORENT DO
	,	·············	'	
	INCORPORATOR Iress of the Incorporator is:			
Name:	Jeff Donnel			
Address:	65 Granada Avenue			
	Merritt Island, FL 32952			
Invina heen name	ed as registered agent to accept service of p	races for the phone stated com	oration at the place designated	in
	m familiar with and accept the appointment			
Λ	le p.			
41	flul	**************************************	9/15/2011	
U	Required Signature/Registered Agen	nt	Date	
submit this docu	ment and affirm that the facts stated herei	in are true. I am aware that the	false information submitted in	а
ocument to the D	epartment of State constitutes a third degree	felony as provided for in s.817.1	55, F.S.	
1	1			
1/-11	+ pm//		9/15/2011	