## P11000086192

• •				
(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
<b>(</b> =				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				



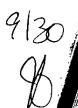


300212591113

09/29/11--01014--001 \*\*70.00

SECRETIARY OF STATE TAIL AHASSEE, FLORIDA





## COVER LETTER

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

Anatolia

SUBJECT: Grill Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  & Certificate o  Status  ADDITIONAL COPY REQUIRED		
;			
FROM: Yusuf O Kiroglu	(Printed or typed)		
1644 Hawkins Cove Driv			
Jacksonville Fl 32246 City,	State & Zip		
904-220-9192 Daytime To	elephone number		
louiscpa@bellsouth.net 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 The name of the co	NAME ATTEMENT OF THE PROPERTY		
1	PRINCIPAL OFFICE Principal street address 644 Hawkins Cove Drive E acksonville Fl 32246		ddress, if different is:
	<b>PURPOSE</b> Thich the corporation is organized is:  Awful business in the State Of Florida		
ARTICLE IV The number of sha	SHARES res of stock is:100		
Name and T Address:	INITIAL OFFICERS AND/OR DIRECTOR itle: Yusuf O Kiroglu President 1644 Hawkins Cove Drive E Jacksonville Fl 32246	Name and Title: Address:	
Name and T Address:	itle:	Address:	
Name and T Address:	itle:	Address:	
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name: Address:	Yusuf O Kiroglu  1644 Hawkins Cove Drive F  Jacksonville Fl 32246		SEP 29
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name: Address:	Yusuf O Kiroglu 1644 Hawkins Cove Drive E Jacksonville Fl 32246	- - -	PHOREST PARTY OF STATE OF STAT
Having been nam this certificate, I a	ed as registered agent to accept service of proces m familiar with had accept the appointment as reg Regumen Signature/Registered Agent	is for the above stated corporistered agent and agree to a	oration at the place designated in act in this capacity  9_23_20// Date
	ument and affirm that the facts stated herein are epartment of Statesconstitutes a third degree felon		55, F.S.
	Regulred Signature/Incorporator		9-23-2011 Date