P11000103655

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

Office Use Only



900214844579

12/05/11--01018--015 **70.00

2011 DEC -5 PM 12: 34
SECRETARY OF STATE

W. Shiresas DEC 0.6 SOM

COVER LETTER

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

SUBJECT: Chico Daves Fun Times	Inc. ENAME – MUST INCLUDE SUFFIX)
(PROPOSED CORPORATI	. NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the article	es of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
İ	ADDITIONAL COPY REQUIRED
FROM: David W. Keys Name (F	Printed or typed)
3 Creeksbridge Court	dress ZBII DEC
Ormond Beach, FL 32174	SET S
City, St	ate & Zip
(386)569-7568 Daytime Tele	ephone number
David@beachbumconstru E-mail address: (to be used f	ction.com or future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	PRINCIPAL OFFICE		
	Principal street address	Mailing a	ddress, if different is:
	3 Creeksbridge Court		
	Ormond Neach, FL 32174		
			
	PURPOSE r which the corporation is organized is:	•	
fast food bu			
RTICLE IV	SHARES 00		
he number of s	shares of stock is David W. Keys - 52 sh	ares, Elizabeth Keys - 48	shares
RTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS	
	Title:David W. Keys	Name and Title:	
Address:	3 Creeksbridge Court	Address:	
	Ormond Beach, FL 32174		
Name and	Title: Elizabeth A. Keys	Name and Title:	
Address:	Title: Elizabeth A. Keys 11 Russo Drive	Address:	
	Palm Coast, FL 32164		
	m. i		
Name and Address:	Title:	Name and Title:	
Addiess.			
RTICLE VI	REGISTERED AGENT		28 TAL TAL
	Florida street address (P.O. Box NOT accepta		CR LA
Name:	David W. Keys		
Address:	3 Creeksbridge Court	_	
	Ormond Beach, FL 32174		सिं ज
RTICLE VII	INCORPORATOR		7
he <u>name and a</u>	ddress of the Incorporator is:		5 -
Name:	David W. Keys		PH PS: 31
Address:	3 Creeksbridge Court Ormond Beach, FL 32174	<u>-</u>	4
	Ormond Beach, FL 32174		
aving been na	med as registered agent to accept service of	process for the above stated corpo	ration at the place designated
	am familiar with any accept the appointment		
	\mathcal{L}		
	Lan Men		12/1/2011
			* ·
	Required Signature/Registered Age	nt	Date
submit this do	· · · · · ·		Date false information submitted in
	Required Signature/Registered Age cument and affirm that the facts stated here Department of State constitutes a third degree	in are true. I am aware that the j	
	cument and affirm that the facts stated here	in are true. I am aware that the j	