## P11.000105549

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(R	equestor's Name)	_ <del>`</del>		
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PICK-UP	WAIT	MAIL		
· (B	usiness Entity Name	*		
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Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				
Special instructions to 1 ming officer.				
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Office Use Only				



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Z. Burch DEC 1 3 2011

## **COVER LETTER**

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

SUBJECT: 888 Subway Inc	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
•	The parties will got a mage in the
	The same was a same of
FROM: Susan Lee-Chun	
Name	(Printed or typed)
900 Biscayne Blvd 3504	
	Address
Miami, FL 33132	State & Zip
312.543.4030  Daytime To	elephone number
888subway@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)

The name of the c	orporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		ss, if different is:
	888 Biscayne Blvd #2A	<u>c/o Susan Lee-Chu</u>	in
	Miami, FL 33132	900 Biscayne Blvd	#3504
		Wiami, FL 33132	
ARTICLE III			
	which the corporation is organized is:		75 <b>2</b>
To conduct I	business as a Subway quick service	e restaurant.	
			AHA.
			EC 12 TARY HASSE
	•		2 × 2 ×
			mo 1
ARTICLE IV			T 3 ₹ (
The number of sh	ares of stock is:1000		92 <b>€</b>
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ors	C 12 PN 4: 44 TARY OF STATE ASSEE, FLORIDA
	Title:Susan Lee-Chun, President		ITE LE
Address:	900 Biscayne Blvd #3540	Address:	
	Miami, FL 33132		
		<del></del>	· •
Name and 1	Fitle:	Name and Title:	
Address:		Address:	
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N1 1.00	Tr. d	•	
Name and I	Title:	Name and little:	
·	REGISTERED AGENT	a) of the manistened examt in	
Name:	orida street address (P.O. Box NOT acceptable Susan Lee-Chun	e) of the registered agent is:	•
Address:	900 Biscayne Blvd #3504	<del></del>	
	Miami, EL 33132		
	,		
	INCORPORATOR		
Name:	Idress of the Incorporator is:		
Address:	Susan Lee-Chun 900 Biscayne Blvd #3504	<del></del> -	
71001033.	Miami_FL_33132	<del></del>	
		<del>,</del>	
	ned as registered agent to acce <del>pt sec</del> ylce of pro		
this certificate 1	In familiar with grid accept the appointment as	registered agent and agree to act in	this capacity
$\hookrightarrow$	Jul /x		4410414044
/	The state of the s		11/21/1011
	Required Signature/Registered Agent		Date
I submit this doc	ument and affirm that the facts stated herein	are true. I am aware that the false	e information submitted in a
document to the J	Department of Store constitutes a third degree fo	lony as provided for in s.817.155, F.	S.
	E /// 0 "	•	
$\checkmark$	In (		11/21/2011
<del></del>	Required Signature/Incorporator		Date