

P11000106486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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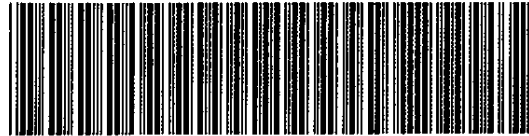
(Business Entity Name)

(Document Number)

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

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2011 DEC 15 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch DEC 16 2011

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

**ADDITIONAL COPY REQUIRED**

**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: **Wasabi Florida Mall Co**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8001 South Orange Blossom Trail  
Space 1013C  
Orlando, FL 32809

Mailing address, if different is:

4201 Wilson Blvd #110  
Arlington, VA 22203

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Restaurant operation and all other lawful business activity

**ARTICLE IV SHARES**

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

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

Name and Title: **Clyde Davis, IV President**

Address: **4201 Wilson Blvd #110  
Arlington, VA 22203**

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: **NRAI Services, Inc.**

Address: **515 East Park Avenue  
Tallahassee, FL 32301**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Clyde Davis, IV**

Address: **4201 Wilson Blvd #110  
Arlington, VA 22203**

*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*

NRAI Services, Inc.

**Kerry L. Shortall** Required Signature/Registered Agent / *Assistant Secretary*

**12-12-11**  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

**12/12/2011**  
Date

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TALLAHASSEE, FLORIDA