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(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

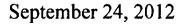


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SECRETARY OF STATE

FILED



Olive Grill Mediterranean Inc 4372 Southside Blvd. #201 Jacksonville, FL 32216

To the Florida Department of State Division of Corporations;

Attn: Sean Tomer

This letter is written in order to state that we release the name of the business corporation "Olive Grill Mediterranean Inc." and that we will not reinstate.

Thank you for your consideration,

Leslie Nasehi

Registered Agent

COVER LETTER

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

SUBJECT: (Plive Grill	Mediterranean Inc. PORATE NAME - MUST INCLUDE SUFFIX)
	(PROPOSED CORP	ORATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an origin	nal and one (1) copy of the	e articles of incorporation and a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
		ADDITIONAL COLT REQUIRED
FROM:	Leslie Na	Seら, Name (Printed or typed)
	516 Honey	
		Address dra Beach FC 32082 City, State & Zip
		City, State & Zip 22// me Telephone number
	Daytin Lanasehi (a	
	E-mail address: (to be	e 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)

The name of the corporation shall be: 0 LIVE G	RILL MEDITERRANEAN INC
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
4372 Southside Jacksonville, FL	B/vd #201
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
In order to have a	professional business and
the protections that being	professional business and and a corporation entails
ARTICLE IV SHARES	
The number of shares of stock is: 100	
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS \
Name and Title: Shahin Naseh	7 i Pres i den Name and Title:
Address: 10075 Gate PKW	// N. Address:
# 2004 Jacksonville, FL	32246
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	, ,
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT a	acceptable) of the registered agent is:
Name: Leslie Masehi	
Address: 516 Honey Locust	(C 3) page
THIE VEUVE DIA	37 J
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	TO THE
Name: <u>Leslie Nasehi</u> Address: <u>Sile Henry Locus</u>	- τ _η τη U
Parta Vadra Bar	F 60.
The name and address of the Incorporator is: Name: Address: Silv Henry Locus Ponte Vedra Bea	Dni F
Having been named as registered agent to accept servi this certificate, I am familiar with and accept the appoin	ice of process for the above stated corporation at the place designated in interest as registered agent and agree to act in this capacity
Tracki Vareli	9/24/12
Required Signature/Registere	d Agent Date
I submit this document and affirm that the facts state document to the Department of State constitutes a third	d herein are true. I am aware that the false information submitted in a degree felony as provided for in s.817.155, F.S.
A. VI	
Required Signature/Incorp	porator 9/34/12 Date
,	— — — — — — — — — — — — — — — — — — —