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Florida Department of State  
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Email Address: lkl @ fcohen law . com

FLORIDA PROFIT/NON PROFIT CORPORATION  
PIZZA RETREAT 2, INC.

Certificate of Status	0
Certified Copy	1
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12 OCT 23 AM 10:43  
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10/24/12

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

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**ARTICLE I NAME**

The name of the corporation shall be: **PIZZA RETREAT 2, INC., a Florida corporation**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**2200 N. FLORIDA MANGO RD.  
STE. 200  
WEST PALM BEACH, FL 33409**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**ANY AND ALL LAWFUL BUSINESS.**

**ARTICLE IV SHARES**

The number of shares of stock is: **1,000**

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

Name and Title: **ROBERT A. MORAN, P**  
Address: **16257 BRIDLEWOOD CIRLE  
DELRAY BEACH, FL 33445**

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

Name and Title: **DAVID I. LEVEY, VP**  
Address: **16257 BRIDLEWOOD CIRCLE  
DELRAY BEACH, FL 33445**

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: **GREGORY R. COHEN, ESQ.**  
Address: **712 US HIGHWAY ONE, STE 400  
NORTH PALM BEACH, FL 33408**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **GREGORY R. COHEN, ESQ.**  
Address: **712 US HIGHWAY ONE, STE 400  
NORTH PALM BEACH, FL 33408**

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

**OCTOBER 18, 2012**  
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

**OCTOBER 18, 2012**  
Date

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