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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUN -2 PM 1:56

*WOWS*  
*6/3/14*

## COVER LETTER

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

SUBJECT: **EATERY INVESTMENT GROUP, INC**  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: **ADAM FONTAINE**  
Name (Printed or typed)  
**12434 FLEMINGTON RD**  
Address  
**JACKSONVILLE, FL 32223**  
City, State & Zip  
**(904) 463-7244**  
Daytime Telephone number  
**FONTAINE45@CLEARWIRE.NET**  
E-mail address: (to be 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)

**ARTICLE I    NAME**

The name of the corporation shall be:

**EATERY INVESTMENT GROUP, INC**

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**10915 BAYMEADOWS ROAD**  
**STE 136 JACKSONVILLE,**  
**FL 32256**

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

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**ARTICLE IV    SHARES**

The number of shares of stock is:

**100**

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

Name and Title: **ADAM FONTAINE    PRES**

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

Address: **12434 FLEMINGTON RD**  
**JACKSONVILLE, FL 32223**

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

Name and Title: **THOMAS FISHER    DIR**

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

Address: **88 OAKWOOD RD**  
**JACKSONVILLE BEACH, FL**  
**32250**

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

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

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

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

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

(conti.)

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

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

**ARTICLE VI REGISTERED AGENT**

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

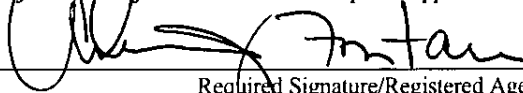
Name: ADAM FONTAINE  
Address: 12434 FLEMINGTON RD  
JACKSONVILLE, FL 32223

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: THOMAS FISHER  
Address: 88 OAKWOOD RD  
JACKSONVILLE BEACH, FL 32250

*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

5/29/14  
\_\_\_\_\_  
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

05/29/14  
\_\_\_\_\_  
Date