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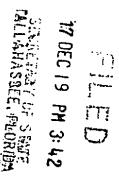
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Terence N. Thurson

Full Service Accounting Firm 8672 Phillips Highway Jacksonville, FL 32256 Tele: (904) 764-7717 Fax: (904) 652-0366

Email: <u>tntrlt1@bellsoutli.net</u> Web: <u>thursonaccounting.com</u>

December 18, 2017

RE: P16000045537

CASSAT FISH & CHICKEN INC

Attn: Kamal S. Abufouz

958 Cassat Avenue

Jacksonville, FL 32205

To Whom This May Concern,

The above referenced individual Mr. Hassan Hamidi is the owner of this corporation and has no plans on reinstating the old corporation. He would like to start a new corporation but with the same name.

Very Truly Yours.

Terence N Thurson

Kamał S. Abufouz - President

COVER LETTER

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

SUBJECT: CAS	SSAT FISH & CHICKEN INC					
	(PROPOSED CORPOR	ATE NAME – <u>MÜST INCL</u>	UDE SUFFIX)			
Enclosed are an	original and one (1) copy of the a	rticles of incorporation and	a check for:			
S70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL COPY F				
FROM:	KAMAL S. ABUFOUZ					
Name (Printed or typed)						
958 CASSAT AVE						
	Address					
	JACKSONVILLE, FL 32205					
	City, State & Zip					
	904-764-7717					

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

TNTRLT1@BELLSOUTH.NET

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

The name of the corporat	<i>IPAL OFFICE</i> Principal <u>street</u> address	Mailing a	address, if different is:
958 CASSAT AVE			
JACKSONVILLE, FL	22205		
ARTICLE III PURPO The purpose for which the	OSE ne corporation is organized is:ANY AND	ALL LAWFUL BUSINES	S AS A RESTAURANT.
ARTICLE IV SHARI	<u>ES</u> 500		17 DEC 19
	L OFFICERS AND/OR DIRECTORS KAMAL S. ABUFOUZ - PRESIDENT	Name and Title:	
Address	958 CASSAT AVE		超点 2
, , , , , , , , , , , , , , , , , , , ,	JACKSONVILLE, FL 32205	- -	
Name and Title:		Name and Title:	
Address		Address:	
Name and Title		Name and Title:	<u> </u>
Address		Address:	
		_	

Name and Title:		Name and Title:		
Address		Address:		
	EGISTERED AGENT rida street address (P.O. Box NOT accepta	able) of the registered agent is:		
Name:	KAMAL S. ABUFOUZ			
Address:	958 CASSAT AVE			
_	JACKSONVILLE, FL 32205		17 DEC	
ARTICLE VII _I	<u>NCORPORATOR</u>		19	
The <u>name and add</u>	<u>Iress</u> of the Incorporator is:			
Name:	KAMAL S. ABUFOUZ		2: +2	
Address:	958 CASSAT AVE		Brit N	
	JACKSONVILLE, FL 32205			
ARTICLE VIII	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and	. (OPTIONA cannot be more than five days	L) prior or 90 days after the	
	nserted in this block does not meet the applective date on the Department of State's re-		nts, this date will not be listed as	
	ed as registered agent to accept service of p m familiar with and accept the appointmen			
Fort Alech	3/		12/18/17	
1200	Required Signature/Registered Age	nt	Date	
	ment and affirm that the facts stated here epartment of State constitutes a third degre			
XXIII.			12/18/17	
Jane Harris and and	ed Signature/Incorporator	· 	Date	