Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053

Phone

: (561)694-8107

Pax Number

: (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION MIAMI RIVER RESTAURANT CORPORATION

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Electronic Filing Menu

Corporate Filing Menu

Help

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

RTICLE I NAME to name of the corpor	E MIAMI RIVER RESTAU	RANT CORPORAT	пом
PRICLE II PRIN		· ,	Mailing eddress, if different is:
nehcim, CA 92808			
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RTICLE III PURP	OSE the corporation is organized is:	nt and banquet facili	lty .
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<u> </u>			
	·		-
			
· Name and Titl	John Tallichet, President	Name and Titi	Cecilia Tallichet, Vice President/Secr
Address -	8191 E. Kalser Blvd.	Address:	8191 E. Kaiser Blvd,
	Anaheim, CA 92808		Anshelm, CA 92808
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Name and Title	! <u></u>		c: <u> </u>
Address		Address:	
			
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Address	·		
			

Name an	d Title:	Name and Title:	
Address		Address:	
		<u> </u>	
anmore W	REGISTERED AGENT	•	
The name and E	lorida street address (P.O. Box NOT acceptat	ole) of the registered agant is:	
Name:	Paracorp Incorporated		7
Address:	155 Office Plaza Drive, 1st Floor		> ~
	Tallahassee, FL 32301		<u>ಬ</u>
		्राच्या	ン で
ARTRIE VII	INCORPORATOR	-11	TK.
The <u>name and ac</u>	id ress of the Incorporator is:	ლ. ლ: (بب
Name:	Francis M. Drelling		<u>></u>
Address:	8191 E. Kaiser Blvd.	<u> </u>	
	Anaheim, CA 92808		
		· •	
ARTICLE YUL	EFFECTIVE DATE:	(OPTIONAL)	
(If an effective d filing.)	other than the date of filing: ate is listed, the date must be specific and e	annot be more than five days prior or 90 days after the	
•			
Note: If the date	inserted in this block does not meet the applications and the Department of State's reco	able statutory filing requirements, this date will not be listed as ords.	
Having bean nan	ned as registered agent to accept service of pr	ocess for the above stated corporation at the place designated in	,
		is registered agent and agree to net in this capacity	
Plea	in see attache	<u>Or</u>	
	Required Signaturo Registered Agent	L-May	
I submit this doc	nment and offirm that the facts stated herein Department of State constitutes a third degree,	ore true. I am aware that the faise information submitted in a felow as provided for in 1817.155, F.S.	
		4-27-13	
Requi	red Signature/Locorborator	- Onte	

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STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 4/27/18

ENTITY NAME: MIAMI RIVER RESTAURANT CORPORATION

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahasses, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Milton Vong Assistant Secretary

Paracorp Incorporated