

10/11/2018

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P.001/003

Division of Corporations

Florida Department of State

Division of Corporations

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## FLORIDA PROFIT/NON PROFIT CORPORATION

Zinneken's USF Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2018 OCT 15 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**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: Zinneken's USF Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address  
2736 E. Fowler AveTampa, FL 33612Mailing address, if different is:  
7320 Fletcher Ave, Suite. 126Tampa, FL 33637**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Restaurant**ARTICLE IV SHARES**The number of shares of stock is: 1,000 and 1.00 per**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Andre Leake DirectorAddress 2736 E. Fowler AveTampa, FL 33612

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

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

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

Address \_\_\_\_\_

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Andre Leake  
Address: 7320 Fletcher Ave, Suite 126  
Tampa FL 33637

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Andrew Leake  
Address: 7320 Fletcher Ave, Suite 126  
Tampa, FL 33637

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 1/1/2019 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

[Signature]  
Required Signature/Registered Agent

10/10/2018  
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 §817.155, F.S.

[Signature]  
Required Signature/Incorporator

10/10/2018  
Date