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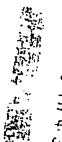
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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2020 AUG -5 PM 1: 28
SECRETARY OF STATE
TALLAHASSEE, FL

N CUITION

CORPORATE

When you need ACCESS to the world

ACCESS,

INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	WALK III						
		PICK	UP:	08/05/2020			
		CERTIFIED COPY				 	
	XX	РНОТОСОРУ			.		
		CUS					
	хх	FILING	INC				
1.		FAZOLI'S PROMOTIONS	S, INC.				
		(CORPORATE NAME AND DOCUME	ENT #)		-	<u> </u>	
2.							
		(CORPORATE NAME AND DOCUME	NT #)				
3.							
		(CORPORATE NAME AND DOCUME	ENT #)		181		<u>-</u>
4.							
		(CORPORATE NAME AND DOCUME	NT #)				
5.							
		(CORPORATE NAME AND DOCUME	NT #)			<u></u>	
6.							
	•	(CORPORATE NAME AND DOCUME	NT #)		<u> </u>		
SPE0 INST		L CTIONS:					
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FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 2020 AUG -5 PM 1: 28

<u>ARTICLE 1 NAME</u> The name of the corporation shall be	. Fazoli's Pr	omotions Inc	SECRETAIN ==
		omotions, inc.	SECRETARY OF STATE TALLAHASSEE, FL
ARTICLE II PRINCIPAL OFF Principal st	<u>TCE</u> reet address	Maili	ng address, if different is:
, –			ng address, it different is
2470 Palumbo Driv	<u>e</u>		
Lexington, KY 405	09		
ARTICLE III PURPOSE The purpose for which the corporate	ion is organized is:th	e_conduct_of_an	y_and_all_lawful
_business_for_whic	h-corporations	may-be-organiz	ed-under
—applicable Florid			
	<u></u>		
ARTICLE IV SHARES			
The number of shares of stock is:	1.000 common		
<u>ARTICLE V _ INITIAL OFFICE.</u>	RS AND/OR DIRECTORS		
Name and Title:		Name and Title:	
Address		Address:	
			
· ·			
Name and Title		Manager 1 Tab	
		Name and True:	
Address	····	Address:	
<u> </u>			
Name and Title:		Numu and Tiste.	
Address		Address:	
·		_ _	
			

, Name a	nd Title:	Name and Title:
Addres	s	Address:
		
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of t	he registered agent is:
Name:	Registered Agent Solutions, Inc.	
Address:	155 Office Plaza Dr. Suite A	
	Tallahassee, FL 32301	. SE 281
		SECRETARY OF ST TALLAHASSEE,
	INCORPORATOR	LAFA
The <u>name and a</u>	ddress of the Incorporator is:	τ_{α}
Name:	Rodney Lee	PX 1
Address:	2470 Palumbo Drive	PH 1: 28 OF STAT SSEC, FL
	Lexington, KY 40509	' M
ARTICLE VIII Effective date it	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)
	late is listed, the date must be specific and cannot	
	e inserted in this block does not meet the applicable st effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as
	ned as registered agent to accept service of process for familiar with and accept the appointment as registered	the above stated corporation at the place designated in this I agent and agree to act in this capacity
Mace	Mackenzie Hart. Assist	ant Secretary 08/05/2020
	Required Signature/Registered Agent	Date
I submit this document to the	cument und uffirm that the facts stated herein are tr Depayment of State constitutes a third degree felony t	we. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
1	JM	08/05/2020
Required Signatu	nd Incorporator	Date