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(Business Entity Name)

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TALLAHASSEE FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437

2330 CLARE DR

(850) 524-6243

TALLAHASSEE, FL 32309

(850) 491-9625

Please use funds from this account: I20210000160: \$70.00

Authorization Signature: *Jan Yall*

Business Name: Arbys Seafood and Chicken Inc

Document#

☐ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☒ **CORP**

☐ Other

☐ Other

**OTHER FILINGS**

☐ Apostille

Country

**AMMENDMENTS**

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Annual Report

☐ Fictitious Name

EXAMINER'S INITIALS: \_\_\_\_\_

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EXAMINER'S INITIALS: \_\_\_\_\_

Release and Permission to Use Name

(Date)

To: Florida Department of State Division of Corporations

Re: Release and permission to use name

Entity's name: Arbys Seafood and chicken, Inc.

Florida Doc. Number: P23 000072554

The date the document was filed with the Division of Corporations: 10/10/23

I give my permission to release the name: Arbys Seafood and chicken, Inc.

to make it available to the Division of Corporations for use by others. I will not  
revoke this release of name.

Sincerely,

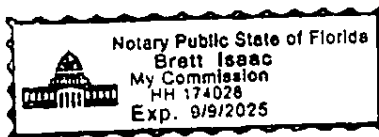
Signed name: X. [Signature]

Printed Name: Mauricio Chahine

Title: President

(NOTARY)

[Signature]



## COVER LETTER

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

**SUBJECT:** Arbys Seafood and Chicken 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM:	Brett Isaac
	Name (Printed or typed)
	2151 University blvd S
	Address
	Jacksonville, FL 32216
	City, State & Zip
	904-730-9264
	Daytime Telephone number
	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: Arby's Seafood and Chicken Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2009 University Blvd N

Mailing address, if different is:

Jacksonville, FL 32211

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To Operate a seafood chicken restaruant.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Mauricio Chahine President

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

Address 2009 University blvd N

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

Jacksonville, FL 32211

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

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

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

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

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: Brett Isaac  
Address: 2151 University blvd S  
Jacksonville FL 32216

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Brett Isaac  
Address: 2151 University blvd S  
Jacksonville, FL 32216

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (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*

\_\_\_\_\_  
Required Signature/Registered Agent  
Date 10/15/24

*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  
Date 10/15/24