

# P95000010951

Harold S. Smith, II  
(Requestor's Name)

P.O. Box 1628  
(Address)

Bonita Springs FL 33959  
(City, State, Zip) (Phone #)

000001398970

-02/07/95--01033--014

\*\*\*612.50 \*\*\*122.50

OFFICE USE ONLY

## CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Nissco Platinum Restaurant Group, Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB -6 AM 10:14

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

2-9  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -6 AM 10:11

**ARTICLES OF INCORPORATION**

**OF**

**NISSCO PLATINUM RESTAURANT GROUP, INC.**

KNOW ALL MEN BY THESE PRESENTS:

That THOMAS B. HAINES, the undersigned, has this day voluntarily associated together for the purpose of forming a corporation under the laws of the State of Florida, and to that end does hereby adopt Articles of Incorporation as follows:

ARTICLE I

The name of the proposed corporation is NISSCO PLATINUM RESTAURANT GROUP, INC.

ARTICLE II

The Corporation may engage in any activity or business permitted under the laws of the United States and under the State of Florida.

ARTICLE III

The type, amount and value of the capital stock of this Corporation is 550 shares, \$1.00 par value.

ARTICLE IV

The Corporation shall have perpetual existence.

ARTICLE V

The post office address of the principal office of the Corporation is 9220 Bonita Beach Road, Suite 215, Bonita Springs, Florida 33923.

ARTICLE VI

The number of Directors of the Corporation shall be not less than one.

ARTICLE VII

The names and address of the first Officers are: PRESIDENT - THOMAS B. HAINES, 9220 Bonita Beach Road, Suite 215, Bonita Springs, Florida 33923 and SECRETARY/TREASURER - CYNTHIA G. HAINES, 9220 Bonita Beach Road, Suite 215, Bonita Springs, Florida 33923.

ARTICLE VIII

The name and address of the first Director is: THOMAS B. HAINES, 9220 Bonita Beach Road, Suite 215, Bonita Springs, Florida 33923.

ARTICLE IX

The following subscriptions of stock have been made and such subscriptions will yield proceeds sufficient to enable the Corporation to begin business:

THOMAS B. HAINES - 100

The undersigned being the original subscriber to the capital stock hereinbefore named for the purpose of forming a corporation, to do business within and without the State of Florida, and in pursuance to the laws of the State of Florida, does make and file these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true, and does respectfully agree to take the number of shares herein before set forth and accordingly has hereunder set his hand and seal this 20<sup>th</sup> day of January, 1995.

  
THOMAS B. HAINES

STATE OF FLORIDA  
COUNTY OF LEE

The foregoing instrument was acknowledged before me this 30<sup>th</sup> day of January, 1995 by THOMAS B. HAINES, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

  
Notary Public  
My Commission Expires:



JULIA A. SMITH  
MY COMMISSION # CC 26,779 EXPIRES  
July 30, 1996  
BONDED THRU TROY FAH INSURANCE, INC.

**CERTIFICATE DESIGNATING PLACE  
OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

First, that NISSCO PLATINUM RESTAURANT GROUP, INC. desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation in the City of Bonita Springs, County of Lee, State of Florida, has named THOMAS B. HAINES, located at 9220 Bonita Beach Road, Suite 215, Bonita Springs, Florida 33923, as its agent to accept service of process within this State.

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above stated corporation at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

  
THOMAS B. HAINES  
Registered Agent