CAPITAL CONNECTION, INC. 417 E. Virginia St., Suite I, Tallahassee, FL 32301, (904)2248870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1 800-342-8062 FAX (904) 222-1222

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THANK YOU from Your Capile! Connection

DISBURSED

ARTICLES OF INCORPORATION

OF

CHICAGO'S ORIGINAL, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is CHICAGO'S ORIGINAL, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is P.O. Box 3222, Key Largo, FL 33037.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of one dollar (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Diane M. McGuire, Esq., 90130 Old Highway, Second Floor, Tavernier, FL 33070.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the member of the initial Board of Directors of the corporation is Lorraine Robitaille, c/o D'Mare's Restaurant, 1 Seagate Blvd., Key Largo, FL 33037.

The undersigned has executed these Articles of Incorporation this 16th day of March, 1995.

Capital Connection, Inc.

Barbara Neeley - President

Incorporator

CRRTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Fursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

i.	The name of the corporation is:
	CHICAGO'S ORIGINAL, INC.
2. off	The name and street address of the registered agent and ice is: Diane M. McGuire, Esq., Attorney of Law,
90 <u>130</u>	Old Highway, Second Floor, Tavernier, Florida 33070

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

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Examiner's Initials

OFFICE USE ONLY

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Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the under- signed corporation organized under the laws of the State of
1. The name of the corporation is: Chicago's Original, Too Miss
ta. Date of Incorporation March, 16, 1925 Document number P950000 21.
2. The name and address of the current registered agent and office:
Diane M. McGuire, Esq. Attorney at Lau
Diane M. McGuire, Esq. Attorney at Lau, 90130 Old Highway, Overes Huy, 2nd Floor, Tavernier, Fo 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Rick: Alesia
3 1768 S.E. 3RD AUE QCAID, 21 34471
The street address of its registered agent and the street address of the business office of its registered agent as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
SIGNATURE Karening Habitaille (name and title)
DATE 8/17/95
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.
(Registered Agent)
DATE 8/17/95
Division of Corporations, P.O. Box 6327, Tallahasses, FL 32314

FILING FEE: \$35.00

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