

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0191 FAX

800-344-8086

CSC networks

P95000021972
DIVISION OF CORPORATION

MAIL TO:
P.O. BOX 5820
TALLAHASSEE, FL 32314

ACCOUNT NO. : 0721000000032

REFERENCE : 561605 8948A

AUTHORIZATION :

Patricia Pygit

COST LIMIT : \$ 122.50

ORDER DATE : March 16, 1995

ORDER TIME : 3:11 PM

ORDER NO. : 561605

CUSTOMER NO: 8948A

500001482185

CUSTOMER: Karen Block, Legal Assistant
JAMES L. CASE, ESQUIRE

Suite 102
2810 East Oakland Park Blvd.
Ft. Lauderdale, FL 33306

DOMESTIC FILING

NAME: SOBE HOAGIES, INC.

ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS:

Done 3/17/95

FILED
51 MAR 17 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

95 MAR 17 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
SOBE HOAGIES, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

SOBE HOAGIES, INC.

The address of the principal office of this corporation shall be 1410 East Las Olas Boulevard, Ft. Lauderdale, Florida 33301, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have one officer and one director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Frank Samp	1410 East Las Olas Boulevard
Dir./Pres./Sec./Treas.	Ft. Lauderdale, Florida 33301

ARTICLE VII. PREEMPTIVE RIGHTS

The corporation elects to have preemptive rights.

ARTICLE VIII. SPECIAL PROVISION

It is the intent of the Incorporator that the corporation will qualify under section 1244 of the Internal Revenue Code and shall take all actions necessary to obtain and maintain its status as an S corporation.

ARTICLE IX. INCORPORATOR

The name and street address of the incorporator to
these Articles of Incorporation:

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of
Corporation Information Services, Inc., has hereunto set
their hand and seal of Corporation Information Services,
Inc., on March 16, 1995.

CORPORATION INFORMATION SERVICES, INC.

By: *Gail Shelby*
Its Agent, Gail Shelby

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida
corporation authorized to transact business in this
State, having a business office identical with the
registered office of the corporation named above, and
having been designated as the Registered Agent in the
above and foregoing Articles, is familiar with and
accepts the obligations of the position of Registered
Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: *Gail Shelby*
Its Agent, Gail Shelby

KBR/gls

LAW OFFICES

James L. Gosa, P.A.

SUITE 108

2810 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE, FLORIDA 33308

JAMES L. GOSA

May 17, 1995

P95000021972

(308) 868-1000
FAX (308) 868-2047

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

000001494920
--05/19/95--01001--006
*****35.00 *****35.00

RE: **SOBE HOAGIES, INC.**

Dear Sir:

Enclosed please find a Change of Registered Office or Registered Agent Form to be filed on behalf of the above referenced corporation, together with a check in the amount of \$35.00 representing the filing fee.

Please amend your records at your earliest opportunity to reflect the change.

Karen Block GAVE
AUTHORIZATION BY *[Signature]*
CORRECTED *[Signature]*
DATE 5/24/95
DOC. EXAM. DL

Very truly yours,

Karen Block
KAREN BLOCK,
Legal Assistant

KB
eNCL.
95-33-252

FILED
55 MAY 19 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/24/95
R.A. Chang
[Signature]

Header No. P24000021972
Date Filed March 17, 1995

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: BOBE HOAGIER, INC.

2. The name and address of its present registered agent is:

CORPORATION INFORMATION SERVICES, INC.
1201 Hays Street
Tallahassee, Florida 32301

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55 MAY 19 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. The name and street address to which its registered agent is to be changed is:
(P.O. BOX NOT ACCEPTABLE)
Frank Samp 1410 East Las Olas Boulevard
Fort Lauderdale, FL 33301

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

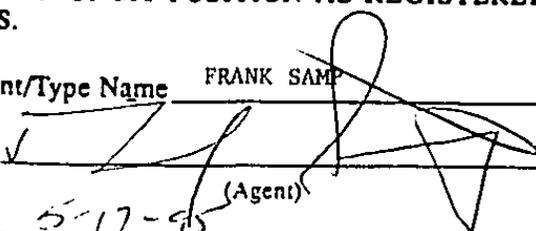
FRANK SAMP
(Typed or printed name and title)

Signature 
(President or Vice President)

Date 5-17-95

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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name FRANK SAMP

Signature 
(Agent)

Date 5-17-95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000021972

1. Corporation Name

SOBE HOAGIES, INC.

FILED

26 OCT 18 PM 5:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business

1410 EAST LAS OLAS BLVD. FT. LAUDERDALE FL 33301

Mailing address

1410 EAST LAS OLAS BLVD. FT. LAUDERDALE FL 33301



9/10/22

08/17/1988

If all own addresses are identical in any way, list through an correct information and enter correct list below

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

State, Apt #, etc

State, Apt #, etc

5. FEI Number

65-0621091

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DEC

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PSTD	SAMP, FRANK	1410 E LAS OLAS BLVD	FT. LAUDERDALE FL 33301

500001985945--8
-10/25/96--01047--013
####375.00 ####375.00

8. Name and Address of Current Registered Agent

SAMP, FRANK
1410 EAST LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Frank Samp
REGISTERED AGENT MUST SIGN

Date

10/15/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Frank Samp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/96
Date

954-360-5160
Daytime Phone #

CR6040 (7/96)