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KYONG CHU HUFFMAN 609 SCHNEIDER AVE. FT. WALTON BLACH, FL 32547

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OFFICE USE ONLY

Examiner's Initials

400001483574 -05/11/95--01012--001 --*****35.00 ******35.00 CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 900001497299 -05/23/95--01126--008 ******87.50 ******87.50 (Corporation Name) (Document #) (Corporation Nama) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Photocopy Mail out Will wait Certificate of Stat **NEW FILINGS AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign 595A-24 **Fictitious Name** Limited Partnership Name Reservation Reinstatement Trademark

Other

CR2E031(10/92)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 11, 1995

ROBERT CHARLES HUFFMAN 609 SCHNEIDER AVENUE FORT WALTON BEACH, FL 32547

SUBJECT: NOKLI HOUSE TAVERN, INC.

Ref. Number: W95000010089

We have received your document for NOKLI HOUSE TAVERN, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

WE RECEIVED A CHECK FOR \$35.00 PLEASE REVIEW THE FEE SCHEDULE BELOW AND RESUBMIT THE APPROPRIATE FEE WITH THE ARTICLES

The corporate fees are as follows:

CORPORATIONS FILING FEES

Profit and NonProfit Florida & Foreign Corp.

Filing Fees

Registered Agent

Designation \$35.
Certifed Copy \$52.50
Total Fee Due \$122.50

\$35.

Letter Number: 595A00024121

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6878.

Terri Buckley Corporate Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation undérafie Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MOKLI HOUSE TAVERN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1310 LEWIS TURNER BLVD., FT. WALTON BEACH, FLORIDA 32547

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES, COMMON

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERT CHARLES HUFFMAN 609 SCHNEIDER AVE. FT. WALTON BEACH, FLORIDA 32547

ARTICLE V INCORPORATORIS

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

KYONG CHU HUFFMAN 609 SCHNEIDER AVE. FT. WALTON BEACH, FLORIDA 32547

undersigne	d incorporator(s) i	nas(have) execu	ted these Articles of Incorporation
5th	day of	MAY	, 19 <u>95</u>
K	Money	hy Hu Signature	blman
•		Signature	
		Signature	

Articles of Incorporation Filing Fee - \$35

REGISTERED AGENT/REGISTERED OF SE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501 FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LEWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name	e of the corporation is:	MOKLI	HOUSE	TAVERN,	INC.				
2. The name	and address of the reg	istered ago	ent and	office is:					
	ROBERT CHARLES HUFFMAN								
	(Name)								
	609 SCHNEIDE'R AVE.								
	(P.O. Box not acceptable)								
	FT. WALTON BEACH, FLORIDA 32547								
	(City/State/Zip)								
Having been above stated the appoint to comply wi mance of my as registered	named as registered ag l corporation at the pace lent as registered agent th the provisions of all st duties, and I am familiar agent.	ent and to e designate and agree atutes rela with and a	accept ed in thi to act in ting to accept t	service or s certifica or this capa the proper he obligati	process le, I here acity. I fi and con ions of n	s for the by accept urther agree aplete perfor- ny position			
John S	Chillman			05/05/9	5				
. 1	(Signa;uré)	_ _		- (Date)				