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OCONEE TAX & MANAGEMENT SERVICES, INC.

1001 North Central Avenue Kissimmee, Florida 34741 95 JUN 23 PM 3:58
SEGALIZE
TALLAHASSEE, FLORIDA

JUNE 16, 1995

Secretary of State Division of Corporations P.O. Box 6327 Taliahassee, Florida 32314

66/26/95--01012--003 *****70.00 *****70.00

Re: JAMILS CAFE, INC.

Gentlemen:

Enclosed please find the Articles of Incorporation and Designation and Acceptance of Registered Agent for filing, together with a check in the amount of \$70.00.

I have also enclosed an additional copy of the Articles of Incorporation and would appreciate having this returned to me with the filing date stamped on it. Please serid it to me at the following address:

ROBERT F. ROTHFELD 1001 NORTH CENTRAL AVENUE KISSIMMEE, FLORIDA 34741

Notes OF Notes See

Robert F. Rothfeld

Encs.

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ARTICLES OF INCORPORATION

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JAMILS CAFE, INC.

SECNE AND CONTAINE TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATION NAME

The name of the corporation shall be:

JAMILS CAFE, INC.

ARTICLE II - PURPOSE

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

ARTICLE III - CAPITAL STOCK

This corporation is authorized to issue ONE HUNDRED shares (100) of "No Par Value" (\$0.00) Common Stock, which shall be designated "Common Shares."

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

4301 WEST VINE STREET B-55 KISSIMMEE, FLORIDA 34746

The name and street address of the Initial Registered Agent of this corporation is:

SYED MONIRUL HOQUE 4301 WEST VINE STREET B-55 KISSIMMEE, FLORIDA 34746

ARTICLE V - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time-to-time by the By-Laws, but shall never be less than one (1).

The names and addresses of the initial director(s) of the corporation are as follows:

SYED MONIRUL HOQUE 4301 WEST VINE STREET B-55 KISSIMMEE, FLORIDA 34746

RIFAT SULTANA 4301 WEST VINE STREET B-55 KISSIMMEE, FLORIDA 34746

ARTICLE VI - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE VII - INCORPORATOR(S)

The names and addresses of the incorporator(s) signing these Articles of Incorporation are as follows:

SYED MONIRUL HOQUE 4301 WEST VINE STREET B-55 KISSIMMEE, FLORIDA 34746

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 12TH Day of June, 1995.

x Sted Mund Hun

STATE OF FLORIDA

COUNTY OF OSCEOLA

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

Signature

Monimul Hum

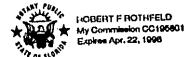
Form of Identification

known to me and known to be the person who executed the foregoing Articles of Incorporation, who acknowledged before me that he executed these Articles of Incorporation, that I relied upon the form(s) of identification of the above named person(s) as indicated opposite each name.

WITNESS my hand and official seal this 12TH Day of June, 1995.

(SEAL)

Notary Public State of FLORIDA



My Commission Expires: April 22, 1996

DESIGNATION OF AND ACCEPTANCE BY REGISTERED AGENT

The following is submitted in compliance with the laws of the State of Florida. JAMILS CAFE, INC., a comporation organizing under the laws of the State of Florida, with its principal office located at:

4301 WEST VINE STREET B-55 KISSIMMEE, FLORIDA 34746

has named SYED MONIRUL HOQUE, whose address is:

4301 WEST VINE STREET B-55 KISSIMMEE, FLORIDA 34746

as its Agent to accept service of process within this State.

ACCEPTANCE:

I agree as Registered Agent to accept service of process; to keep the office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above designated address) in some conspicuous place in the office as required by law.

Registered Agent:

x Syed Mund Hour

STATE OF FLORIDA

COUNTY OF OSCEOLA

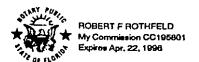
BEFORE ME, the undersigned authority, this day personally appeared SYED MONIRUL HOQUE, who, after being duly sworn, deposes and says that the facts and matters contained above are true and correct, and that he has executed the same for the purposes expressed herein.

WITNESS my hand and official seal this 12TH Day of June, 1995.

Notary Public State of FLORIDA

(SEAL)

My Commission Expires: April 22, 1996



	PLICATION FOR ISTATEMENT	S	A DEPARTMEN Sandru B. Mort Secretary of Si IVISION OF CORPOR	BIRIO	REINST MWB M-8-7	VATEWFI	M <u>195</u> 0	2
1 Corpora	UMENT # P9500 ation Name S CAFE, INC.	000497	59		11-8 - 1	TALLAHASSEI	FIL OR MAY -7	*
			est vine street 8-55 AEE FL 34746					
If above a	addresses are incorrect in any way, line the rincipal Office Address, If Applicable		nformation and enter c ng Office Address, If A			orated or Qualified		
Suite, Apt	#. etc	Suite, Apt #,	olc		To Do Busino	ess in Florida	06/23/1995	· =
City & State	ie	City & State			59-3	~ .	Applied Not Appl	plicable
Ζφ	Country	Zip	Country	<i>,</i> ————————————————————————————————————	6. CERTIFICATE	OF STATUS DESIRED	8.75 Additional Fee - for a Certificate of S	
Names /	and Street Addresses of Each Officer and	d/or Director (Flor	,				·	
Titlo(s) 1	Name of Officers and/or Directors		Stre Offi 3 (De NOT Us	eet Address of Each licer and/or Director se Post Office Box N	Numbers)	4 Ch	in / State / Zip	
D	HOQUE, SYED MONIRUL	1	4301 WEST VINE			KISSIMMEE FL 34	! '46	
D	SULTANA, RIFAT		4301 WEST VINE	E STREET B-55		KISSIMMEE FL 3	'46	********
					40	000020 -11/13/3 *****375	01036026	
	8. Name and Address of Curren	nt Registered Age	ent	Namo	9. Name and A	Address of New Rey let	tered Agent	
HOQUE, SYED MONIPUL 4301 WEST VINE STREET B-55 KISSIMMEE FL 34746				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
			!	City		I	State Zip Code	
Signature o Registered	d Agent A Dyeod 14	REGISTERED AG	SENT MUST SIGN	JIPEO.	oligations of Section	Date	FL	
11 570	oes this corporation pay ept. of Revenue under S	any intang	ible tax to the	ne utes. Yes	I⊠ No □		her side for information n intangible tax.)	1000

Cond March Do Do Harrison 10-8-00