P9500005/7/2

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

200001527382 -06/29/95--01076--020 *****70.00 *****70.00

SUBJECT: Chality Restaurant Remire Service, INC.
(Proposed corporate name - must include suffix)

F. CHESSER JUL 5 1995

NOTE: Please provide the original and one copy of the articles.

904-332-4130 Daytime Telephone number /

ARTICLES OF INCORPORATION

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

The name of the corporation shall be: Quality Restaurant Repair Service, INC. ARTICLE II PRINCIPAL OFFICE

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

810 N.W. 117 TERRACE

Gain-e Suille FL 32406

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

La Chery 1 L. Foltz 810 N.W. 117th TERRACE Gainesville FL 32606

INCORPORATOR(S) ARTICLE V

See instructions for officers/directors

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

Stace M. Foltz 310 NW 117 TERRAE gainesville FL 32404

La Chery 1 L. Foltz 810 NIO 117 TERRACE gainesuille FL 32106

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 28 day of JUNE , 19 95.

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED 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.

| 1. | The name of the corporation is: Quality Rosiaura Service Tra | rnt Bepri |
|----|---|--|
| 2. | The name and address of the registered agent and office is: | FILED 1995 JUN 29 A SECRETARY OF TALLAHASSEE. |
| | La.Chery L. Foltz | |
| | 810 NW 117 TERRACE (P.O. Box or Mail Drop Box NOT ACCEPTABLE) | AN ID 13 |
| | Gaine Sville FL 321006 | |

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.

Jalliery Gelfg June 28, 1995
(SIGNATURE) (DATE)