P95000053142

7/10/95 FLORIDA DEPARTMENT OF STATE 08:59 AM
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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
400 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: CONTINENTAL STAMP & SEAL
8744 SW 133RD ST
MIAMI FL 33176-5929?L 33410 0000
CONTACT: JENNIFER BENSCH
PHONE: (305) 232-2226
FAX: (305) 238-6422

(((H95000007507))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: OKEECHOBEE TANK OUT, SUBS & OTHERS INC.
FAX AUDIT NUMBER: H95000007507 CURRENT STATUS: REQUESTED
DATE REQUESTED: 07/10/1995 TIME REQUESTED: 08:59:38
CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 1
NUMBER OF PAGES: 4 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: $70.75 ACCOUNT NUMBER: 076053003503

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95 JUL 11 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/11

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95 JUL 10 AM 11:42
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 10, 1995

CONTINENTAL STAM & SEAL

MIAMI, FL 33410

SUBJECT: OKEECHOBEE TAKE OUT, SUBS & OTHERS INC.
REF: W95000013792

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the name, address, and telephone number of the preparer of the original and, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number.

The corporate name must be identical throughout the document.

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) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: H95000007587
Letter Number: 095A00033061

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

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ARTICLES OF INCORPORATION

OKEECHOBEE TAKE OUT, SUBS & OTHERS INC .

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.

ARTICLE I NAME

The name of the corporation shall be: OKEECHOBEE TAKE OUT, SUBS & OTHERS INC.

ARTICLE II PRINCIPAL OFFICE

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

9355 NW S. River Drive Fl. Medley.

ARTICLE III SHARES

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

50 Shares No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nashman Patel

9355 NW South River Dr.

Medley, Florida.

H95000007587
JENNIFER BENSCH
CONTINENTAL STAMP & SEAL
8744 S.W 133 STREET
MIAMI, FL 33176-5929
(305) 232-2226

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Nashman Patel
9355 NW South River Dr. — 50 shares, No Par Value.
Medley, Florida.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3 day of July, 19 95.

x _____ President Treasurer & Secretary
Signature

Nashman Patel
Signature

_____
Signature

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

H95000007587

Silvia Vallate
Notary Public

SILVIA VALLATE
State of Florida
My Comm. Exp. May 18, 1998
Comm. # CC 502408

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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: Okeechobee Take Out Subs & Others Inc.

2. The name and address of the registered agent and office is:

Nashman Patel
(NAME)

9355 NW South River Dr.
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Medley, Fl.
(CITY/STATE/ZIP)

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.

X _____
(SIGNATURE)

7/3/95
(DATE)

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95 JUL 11 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 13 AM 8:58

DOCUMENT # P95000053142

1. Corporate Name
OKEECHOBEE TAKE OUT, SUBS & OTHERS INC.

8/23/96

Principal Place of Business
9355 N.W. SOUTH RIVER DR.
MEDLEY FL

Mailing Address
9355 N.W. SOUTH RIVER DR
MEDLEY FL

BK 12/13/96

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/11/1995

5. FEI Number: 65-0608203 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	NASHMAN PATEL	9355 N.W. SOUTH RIVER DR.	MEDLEY, FL 33166

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****375.00 ****375.00

REINSTATEMENT 1996

BK

8. Name and Address of Current Registered Agent

PATEL, MASHMAN
9355 N.S. SOUTH RIVER DR.
MEDLEY FL 33166

9. Name and Address of New Registered Agent

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

CRE040 (7/96)

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 x M Patel Date

REGISTERED AGENT MUST SIGN

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 fees 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)(i), 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: x M Patel Nashman Patel (305) 882-1575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044497 AF