

995000061400

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____
PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
SECRETARY OF STATE
CORPORATIONS
95 AUG -9 PM 12:43

2/8/95

REQUEST TAKEN CONFIRMED APPROVED
DATE _____
TIME _____ CK No. _____
BY _____

WALK-IN
Will Pick Up _____

RE: Tsunami's of
holsonville, Inc.

51956

| | C.C. FEE. | DISBURSED |
|---|-----------------------|-----------|
| <input checked="" type="checkbox"/> Capital Express™ | | |
| <input checked="" type="checkbox"/> Art of Inc File | | |
| <input type="checkbox"/> Corp Record Search | | |
| <input type="checkbox"/> Ltd Partnership File | | |
| <input checked="" type="checkbox"/> Foreign Corp File | | |
| <input type="checkbox"/> () Corp. Certificate photo | | |
| <input type="checkbox"/> Art of Amend File | | |
| <input type="checkbox"/> Dissolution/Withdrawal | | |
| <input type="checkbox"/> C U S- | | |
| <input type="checkbox"/> Fictitious Name File | | |
| <input type="checkbox"/> Name Reservation | | |
| <input type="checkbox"/> Annual Report/Reinstatement | | |
| <input type="checkbox"/> Reg Agent Service | | |
| <input type="checkbox"/> Document Filing | | |
| <input type="checkbox"/> Corporate Kit | | |
| <input type="checkbox"/> Vehicle Search | | |
| <input type="checkbox"/> Driving Record | | |
| <input type="checkbox"/> Document Retrieval | | |
| <input type="checkbox"/> UCC 1 or 3 File | 900001556029 | |
| <input type="checkbox"/> UCC 11 Search | -08/09/95--01024--QUE | |
| <input type="checkbox"/> UCC 11 Retrieval | *****70.00 *****70.00 | |
| <input type="checkbox"/> File No.'s | Copies | |
| <input type="checkbox"/> Courier Service | | |
| <input type="checkbox"/> Shipping/Handling | | |
| <input type="checkbox"/> Phone () | | |
| <input type="checkbox"/> Top Priority | | |
| <input type="checkbox"/> Express Mail Prep | | |
| <input type="checkbox"/> FAX () | pgs | |

SUBTOTALS

| | |
|--------------------------------|----|
| FEE..... | \$ |
| DISBURSED..... | \$ |
| SURCHARGE..... | \$ |
| TAX on corporate supplies..... | \$ |
| SUBTOTAL..... | \$ |
| PREPAID..... | \$ |
| BALANCE DUE..... | \$ |
| | \$ |

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum

THANK YOU
from
Your Capital Connection

ARTICLES OF INCORPORATION
OF
TSUNAMI'S OF JACKSONVILLE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 12:43

ARTICLE I

Name

The name of the corporation is TSUNAMI'S OF JACKSONVILLE, INC.

ARTICLE II

General Nature of Business

The general nature of the business to be transacted by this Corporation is to engage in the restaurant and nightclub business and any and all activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE III

Capital Stock

The maximum share of stock authorized is FIVE HUNDRED (500) shares of common stock, having a par value of ONE DOLLAR (\$1.00) per share.

ARTICLE IV

Initial Capital

The amount of capital with which this Corporation shall begin business shall not be less than FIVE HUNDRED AND NO/100 DOLLARS (\$500.00).

ARTICLE V

This Corporation shall begin existence at the date and time of subscription and acknowledgment of the Articles of Incorporation.

ARTICLE VI

Duration

This Corporation shall have perpetual existence.

ARTICLE VII

Address

The initial address of the principal office of this Corporation is 3602 NE 8th Place, Suite F, Ocala, FL 34470.

ARTICLE VIII

Management

This corporation shall have one (1) appointed director, who is the incorporator herein.

ARTICLE IX

Incorporator

James Wolf, 3602 NE 8th Place, Suite F, Ocala, FL 34470.

ARTICLE X

Subscribers

The names and addresses of each subscriber to these Articles of Incorporation and the number of shares of stock subscribed for by each are as follows:

| | |
|----------------------------|------------|
| James Wolf | 500 shares |
| 3602 NE 8th Place, Suite F | |
| Ocala, FL 34470 | |

ARTICLE XI

Resident Agent

Gregory E. Tucci, Esquire, 225 N.E. Eighth Avenue, Ocala, Florida 34470 is the Resident Agent of the Corporation upon whom service of process may be made.

IN WITNESS of the foregoing, I have hereunto set my hand and seal, and authorized to be filed in the Office of the Secretary of State, the foregoing Articles of Incorporation, on this the ____ day of August, 1995.

By:


James Wolf

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE with Chapter 48.091, Florida Statutes, the following is submitted:

First - That Tsunami's of Jacksonville, Inc. desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at City of Ocala, County of Marion, State of Florida, has named Gregory E. Tucci located at 225 N.E. Eighth Avenue, City of Ocala, County of Marion, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Gregory E. Tucci
Gregory E. Tucci

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED.

FILED
SECRETARY OF STATE
CORPORATIONS
AUG -9 PM 12:43

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ACKNOWLEDGEMENT:

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hereby accept to act in this capacity, and agree to comply with
the provision of said Act relative to keeping open said office.

Gregory E. Tucci
Gregory E. Tucci

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DEPARTMENT OF CORPORATE DIV.

APPROVED
AND
FILED

DOCUMENT # P95000061400

96 SEP 24 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TSUNAMI'S OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

3602 NE 8TH PLACE SUITE F
OCALA FL 34470

3602 NE 8TH PLACE SUITE F
OCALA FL 34470



Indicate address in the most correct way and through the correct information and enter complete below.

1. New Principal Office Address (If Applicable)

2309 BEACH BLVD
Suite A, Apt. # etc.

2. New Mailing Office Address (If Applicable)

SAME
Suite A, Apt. # etc.

City & State

JACKSONVILLE BEACH, FL

Zip

32250 DUNAL

City & State

JACKSONVILLE BEACH, FL

Zip

32250 DUNAL

3. Name and Address of each Officer and Director of Florida nonprofit corporations must list at least 3 directors.

Title

Name of Officers
and Directors

Street Address of Each
Officer and Director
(Do NOT use Post Office Box Numbers)

City State Zip

D/C JAMES P. WOLF

2309 Beach Blvd.
JAX BEACH, FL 32250

JACKSONVILLE BEACH
FL 32250

P/S/T DEBORAH G. WOLF

SAME

SAME
ELECTED 11/15/1995

V GARY MERRION

SAME

SAME
ELECTED 11/15/1995

V JEFFERY MILLER

SAME

SAME

V JOHN D. GIMMIS

SAME

SAME

V ROBERT DUNCAN

SAME

SAME

8 Name and Address of Current Registered Agent

TUCCI, GREGORY E
225 N.E. EIGHTH AVE.
OCALA FL 34470

9 Name and Address of New Registered Agent

Name

JAMES P. WOLF

Street Address (P.O. Box Number is Not Acceptable)

2309 BEACH BLVD.

Suite Apt. # Etc.

City

JACKSONVILLE BEACH

State Zip Code

FL 32250

I hereby appoint 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

REGISTERED AGENT MUST SIGN

Date 9/23/96

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.)

I, the undersigned, as an officer or director of the corporation or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S., further certify that when filing this reinstatement application, the cause for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees are paid, that the corporation has been kept 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/96
Date

904 249 6440
Daytime Phone #