

Date: July 26 1995

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

500001551055 -08/01/95--01098--007 \*\*\*\*122.50

Re: LAG, INC.

Ladies/Gentlemen:

Enclosed please find the Articles of Incorporation, together with one copy of same and my check in the amount of \$122.50. Please file the Articles of Incorporation, issue and return to me a certified copy of same, together with my Charter.

Should you have any questions or wish further information, please do not hesitate to contact me.

Thank You for your cooperation and assistance herein.

Very truly yours

LAURA DINIS

1229 Winding Meadows Rd.

Rockledge, FL 32955

August 8, 1995

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

Re: LAG, Inc. of Brevard

# Ladics/Gentlemen:

Enclosed please find the Articles of Incorporation, together with one copy of same and my check in the amount of \$122.50. Please file the Articles of Incorporation, issue and return to me a certified copy of same, together with my Charter.

Should you have any questions or wish further information, please do not hesitate to contact me at (407) 255-1997.

Thank you for your cooperation and assistance herein.

Very truly yours,

Laura Dinis

1229 Winding Meadows Rd.

Rockledge, FL 32955

500001558545 -03/11/95--01057--010 +\*\*\*122.50 +\*\*\*122.50



Secretary of State

August 2, 1995

LAURA DINIS 1229 WINDING MEADOWS ROAD ROCKLEDGE, FL 32955

SUBJECT: LAG, INC.

Ref. Number: W95000015531

We have received your document for LAG, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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

Letter Number: 995A00036388

### ARTICLES OF INCOMPORATION

OF

#### LAG, INC. OF BREVARD

### ARTICLE I -KAME

The name of the corporation is LAG, Inc. Of Brevard

### ARTICLE II - DURATION

This corporation shall exist perpetually, commencing at the filling of these articles with the Secretary of State of the State of Florida.

#### ARTICLE III - PURPOSES

This corporation is organized for the purposes of transacting any or all lawful business.

## ARTICLE IV - CAPITOL STOCK

This corporation is authorized to issue 100 shares at \$1.00 par value, common stock, which shall be designated "Common Shares".

### ARTICLE V - VOTING RIGHTS

Except as otherwise provided by law, the entire voting power for the election of directors and for all other purposes shall be wested exclusively in the holders of the outstanding Common Shares.

## ARTICLE VI - PRESENTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

### ARTICLE VII - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial ... office of this corporation is 1229 Winding Meadows Rd., Rockledge, Florida 32955 and the initial registered agent of this corporation at that address is: Laura Dinis.

# ARTICLE VIII - INITIAL BOARD OF DIRECTORS

This corporation shall have two directors initially. The time to time by the bylaws, but shall never be less than one. The names and addresses of

the initial directors of this corporation are:

Laura Dinis

Connie Cantalice

1229 Winding Meadows Rd.

2100 N. Atlantic Ave

Roakledge, FL 32955

Cocoa Beach, FL 32931

### ARTICLE IX - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office is: 1229 Winding Meadows Rd., Rockledge, FL 32955 and is the same address as the initial registered agent of the corporation as contained in Article VII of these Articles of Incorporation.

### ARTICLE X - INCORPORATOR

The name and address of the person signing these Articles is: Laura Dinis - 1229 Winding Meadows Rd., Rockledge, FL 32955.

## ARTICLE XI - BYLAWS

The power to adopt, alter, amend or repeal bylaws shall be vested in the Board of Directors and the Shareholders.

IN WITNESS WHEREOF, the undersigned subscriber has executed these articles of incorporation this  $\mathcal{L}(.)$  day of  $()_{L}(\mathcal{L}_{1})_{L}$  1995.

LAURA DINIS
1229 Winding Meadows Rd.
Rockledge, FL 32955

STATE OF FLORIDA COUNTY OF BREVARD

BEFORE ME, a notary public authorized to take acknowledgments in the State and County set forth above, personally appeared: LAURA DINIS, known to me to be the person who executed the foregoing Articles of Incorporation and she executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid this day of July, 1995.

Notary Public, State of Florida

My commission expires:

NOTARY PUBLIC STATE OF FLORIDA, MY COMMISSIO" EXPIRES: Dec. 5, 1995, BUNDED THRU NO. BY PUBLIC UNDERWRITERS.

I, LAURA DINIS, hoveby certify that I am familiar with and accept the duties and responsibilities as registered agent for said corporation. By executing this document, I reaffirm that I agree to serve as Registered Agent.

LAUFA DINIS

1229 Winding Meadows Rd. Rockledge, FL 32955

August 8, 1995

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

Re: LAG, Inc. of Brovard

Ladies/Gentlemen:

Enclosed please find the Articles of Incorporation, together with one copy of same and my check in the amount of \$122.50. Please file the Articles of Incorporation, issue and return to me a certified copy of same, together with my Charter.

Should you have any questions or wish further information, please do not hesitate to contact me at (407) 255-1997.

Thank you for your cooperation and assistance herein.

Very truly yours,

Laura Dinis

1229 Winding Meadows Rd.

Rockledge, FL 32955

Copy



Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accurate else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State to sury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section 607. \*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

| Name:                                                                                               | LAURA DINIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EIN o                                                                                                    | r SS#:                        |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------|
| Address:                                                                                            | _1409_AURORA_ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                               |
|                                                                                                     | MELBOURNE FL 3293                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5                                                                                                        |                               |
| Amount: \$1                                                                                         | 22.50 Date Paic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | J                                                                                                        |                               |
| Reason for cl                                                                                       | aim: <u>nuplicate ei</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LING FOR LAG, INC. OF BREVA                                                                              |                               |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TERRI BUCKLEY/NEW                                                                                        |                               |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |
| Certified tru                                                                                       | e and correct this 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | day of SEPT.                                                                                             | , <b>19</b> _95               |
| Sig                                                                                                 | gnature SEE ATTACHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FOR SIGNATURE                                                                                            |                               |
| * Must be con                                                                                       | mpleted if authority is other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | r than Section 215.26, Florida St                                                                        | atutes.                       |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |
|                                                                                                     | nmends approval of above claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | or Agency Use Only<br>and submits the following information                                              |                               |
| substantiate<br>The amount i<br>State Treasur                                                       | nmends approval of above claim the claim: Amount of recoverages above was originally deserts Receipt No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | and submits the following information ommended refund \$                                                 |                               |
| substantiaté The amount i                                                                           | nmends approval of above claim the claim: Amount of recoverage above was originally deserts Receipt No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | and submits the following information<br>ommended refund \$<br>leposited into the State Treasury, as a p | art of the funds deposited on |
| substantiate The amount i State Treasur Name of Acce                                                | nmends approval of above claim the claim: Amount of recoverage above was originally deserts Receipt No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | and submits the following information ommended refund \$                                                 | art of the funds deposited on |
| substantiate The amount i State Treasur Name of Acco                                                | nmends approval of above claim the claim: Amount of recovery action of the claim of | and submits the following information ommended refund \$                                                 | art of the funds deposited on |
| substantiate The amount i State Treasur Name of Acco                                                | nmends approval of above claim the claim: Amount of recoverages above was originally described above abov | and submits the following information ommended refund \$                                                 | art of the funds deposited on |
| substantiate The amount i State Treasur Name of Acco                                                | nmends approval of above claim the claim: Amount of recoverage above was originally described | and submits the following information ommended refund \$                                                 | art of the funds deposited on |
| substantiate The amount is State Treasur Name of According Statutory Aut It is requested NAME OF A  | nmends approval of above claim the claim: Amount of recoverages above was originally deserts Receipt No.  4 5 2 0 2 1 3 0 0 0 1  thority for Collection that payment be made from the second count:  4 5 2 0 2 1 3 0 0 0 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | and submits the following information on mended refund \$                                                | art of the funds deposited on |
| substantiate The amount is State Treasur Name of Accordance Statutory Aut It is requested NAME OF A | nmends approval of above claim the claim: Amount of recoverages above was originally deserts Receipt No.  4 5 2 0 2 1 3 0 0 0 1  thority for Collection that payment be made from the second count:  4 5 2 0 2 1 3 0 0 0 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | and submits the following information on mended refund \$                                                | art of the funds deposited on |

LAG INC, of Brovard 1409 Aurora Rd. Molbourne, Fl. 32935

September 15, 1995

Florida Dept. of State Div. of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Gentlemen:

This is to advise you that on July 26, 1995 we submitted to you an application for incorporation of LAG, Inc and enclosed a check in the amount of \$122,50 our Check # 129 (copy enclosed). Our application was returned and resubmitted to you on August 8, 1995. We erroneously paid this amount again on our check #154 (copy enclosed). Both of these checks were deposited to your account 4500453. (One on 8/1/95 and the other on 8/11/95)

We therefore ask that you return to us \$122.50 duplicate payment to the above address.

Sincerely,

Laura Dinis,

LAG, Inc of Brevard DBA/ Harold's Diner

Enc. Copies Check #129 & 154