0 12:48 PM PUBLIC ACC CCH to: 8T STORMONT PHONE: (305) 541-3694 FAX: (305) 541-3770 DOCUMENT TYPE: FLORIDA PROFI ((H90000002597))) FLORIDA PROFIT CORPORATION OR P.A. NAME: HEALTHY'S CHOICE RESTAURANT, INC.
FAX AUDIT NUMBER: H98000002897 CURRENT STATUS: REQUESTED DATE REQUESTED: 02/28/1896 TIME REQUESTED: 12:46:00 CERTIFICATE OF STATUS: 0 CERTIFIED COPIES: 1 NUMBER OF PAGES: 5 METHOD OF DELIVERY: FAX NUMBER OF FAGES: 9

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BRARATY'S CHOICE BRETAINANT, INC.

56FEB 26 PH 4 SECTION OF STANSSEE, FL

The undersigned incorporators to these Articlem of Incorporation, natural persons competent to contract, hereby subscribe and form a corporation for profit under the Laws of the State of Florida.

ARTICLE I - MAME

The name of the corporation is: MEALTHY'S CHOICE RESTAURANT, INC.

ARTICLE II - WATURK OF BUSINESS

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Plorida, including, but not limited to: all matters pertaining to the restaurant industry.

ARTICLE III - CAPITAL STOCK

The maximum amount of shares of stock that this corporation is authorized to have outstanding at any time is One Eundred (100) shares of common stock, which shares shall have the par value of \$1.00.

ARTICLE IV - VOYING POWERS

Except as otherwise provided by law, the entire voting power

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for the election of Directors and for all other purposes shall be vested exclusively in the holders of the outstanding common shares.

ARTICLE V - DIRECTORS

The initial directors of this corporation are as follows: CRCIL COMMOCK

JAMETT THOMAS

CAKLEY THOUAS

This corporation shall have three (3) 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). Said Directors specifically named above shall hold office for the first year of the corporation's existence, or until a successor(s) is elected and has been duly qualified.

ARTICLE VI - OFFICERS

The following individuels shall constitute first officers of this corporation:

CECIL COMMORK

President

JANETT THOMAS

Vice President

CYNTHIA COMMOCK

Secretary

AUDREY JACKSON

Treasurer

OAKLEY TROMAS

General Manager

ARTICLE VII - INITIAL ADDRESS

The initial address of the corporation shall be 1460 N.W. 22nd Street, Fort Lauderdale, 33301. Said corporation shall have the right and privilege of establishing, operating, and doing business

in such other counties of the State of Florida and in such other states of the United States and foreign countries, as the Board of Directors may from time-to-time order and establish.

ARTICLE VIII - REGISTERED AGENT

The name and address of the initial registered agent is: ROY L. LUCAS, 305 South Andrews Avenue, Suite 701, Fort Laudordale, FL 33301.

ARTICLE IX - TERM OF MAINTHICE

This corporation shall have perpetual existence commencing on the date of filing these Articles.

ARTICUR X - INTUIAL SUNSCRIBURS

The name and street address of each subscriber to these Articles of Incorporation, and the number of shares of stock which each agreed to take are as follows:

CECIL COMMOCK

75

51.00 Par Value

JANETT TROKAS

25

51.00 Par Value

C. Q ommoole

ALETT THOMAS

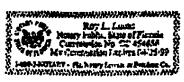
OAKLEY THOMAS

COURTY OF BROWARD)

REFORE ME, the undersigned authority, personally appeared CECIL COMMOCK, JAMETT THOMAS and CARLEY THOMAS, to me personally known and they provided the following form of identification DL and they executed the foregoing Articles of Incorporation, and acknowledged before me individually that they executed same for the purposes therein expressed.

WITHESS my hand and official seal in the State and County aforesaid this 5/55 day of January, 1965

State of Florida at Large My Commission Expires:



ACCHORNED DESCRIPTION ACCOUNT

Maving been named to accept marvice of process for the above stated corporation at the place designated in this certificate, I hereby accept the duty and responsibility to act in this capacity.

ROY L. LUCA

STATE OF FLORIDA)
COUNTY OF BROWARD)

ROY L. LUCAS, to me personally known or provided the following form of identification ________, and who executed the foregoing, and acknowledged before me individually that he did the same for the purpose therein expressed.

WITHES my hand and official seal in the State and Sounty

Notary Public State of Florida at Large My Commission Expires: