# P960000 3315 PIGINAL

### TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 80000017790028 -04/12/96--01099--003 ++++\*78,75 \*+\*\*\*\*78,75

| JUFY'S AE                                                           | JACKSONVILLE, INC.                                                              | EN NO           | i de fall    |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------|--------------|
| (Proposed corpore                                                   | copy of the articles of Incorporation and                                       | LAHASSE         | 95 APR 12 NA |
| for:  \$70.00 \$\frac{1}{\sqrt{2}}\$78.75  Filing Fee & Certificate | filing Fee Filing Fee, & Certified Copy & Certificate  Additional Copy Required | STAIL<br>LCRIDA | -            |
| Nan                                                                 | RERT ISAACSON THE (printed or typed)  EAST 48th Street  Address                 |                 |              |
| 912                                                                 | NNAH, 6corgia<br>City, State & Zip<br>233 - 2096<br>ime Telephone number        |                 |              |

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

#### 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:

HUEY'S OF JACKSONVILLE INC.

ARTICLE II PRINCIPAL OFFICE

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

HUEY'S RESTAURANT

JACKSONVILLE LANDING - SPACE 173

2 INDEPENDENT DRIVE

JACKSONVILLE, FLORIDA 32207-5001

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONC HUNDRED Thousand (100,000).

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

TOTA PAIMER
HUEY'S RESTAURANT
2 INDEPENDENT DRIVE, Suite 173
TACKSONVille, Florida
32202-5001

#### 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):

L. ROBERT ISAACSON

109 EAST 4814 STREET

SAUANNAH, GEORGIA 31405

| The und  | dersigned i   | ncorporator(s) h | as(have) exec   | cuted these Art  | icles of Incorp | oration this |
|----------|---------------|------------------|-----------------|------------------|-----------------|--------------|
| <u>8</u> | _ day of _    | APR:1            |                 | , 19 <u>96</u>   | .•              |              |
| (An add  | itional artic | ele must be adde | d if an effecti | ive date is requ | ested.)         |              |
|          |               | [ ]              | ku-             | •                |                 |              |
|          | •             |                  | S               | ignature         |                 |              |
|          | -             |                  | S               | ignature         |                 |              |
|          | -             |                  | S               | ignature         |                 |              |

Notarization is not required

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 | e corporation is: HUEY'S OF JACKSONU                                      | ille, INC.            |
|--------------------|---------------------------------------------------------------------------|-----------------------|
|                    | •                                                                         | 96 A<br>31 Já<br>ALL/ |
| 2. The name and    | address of the registered agent and office is:                            | PR 12 AM              |
|                    | TOM C. PALMER (NAME)                                                      | D H 8: 17             |
|                    | 2 INDEPENDENT DRIVE, SUITE 173 (P.O. BOX OF Mail Drop BOX NOT ACCEPTABLE) |                       |
|                    | Jacksonville, Florida 32202<br>(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.

| To- C. Pal  | 4110196 |
|-------------|---------|
| (SIGNATURE) | (DATE)  |