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THANK YOU

from Your Capital Connection

ARTICLES OF INCORPORATION OF

De Lacey's Kings Head Pub, 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:

De Lacey's Kings Head Pub, Inc.

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ARTICLE II PRINCIPAL OFFICE

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

2692 North University Drive, Suite #13 Sunrise, FL 33322 (954) 742-0502

ARTICLE III CAPITAL STOCK

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

One Thousand Shares (1000.) at One Dollar (\$1.00) par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Isaac Ades 8136 Lake Pointe Drive Plantation, FL 33322

ARTICLE V. INCORPORATOR(S)

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

President/Director Isaac Ades 8136 Lake Pointe Drive Plantation, FL 33322

The undersigned inco	rporator(s) has(have) e	xecuted these Articles of Incorporation	this
	<u>May</u> , 19 <u>96</u>	<u>5</u> .	
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Signature

<u>CERTIFICATE OF DESIGNATION</u> <u>REGISTERED AGENT/REGISTERED OFFICE</u>

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: De Lacey's Kings Head Pub. Inc.		·	
2. The name and address of the registered agent and office is:	TALLA	4UL 36	·
(NAME)	ART OF Y	-3 AM	FILED
8136 Lake Point Drive (P.O. BOX NOT ACCEPTABLE)	STA IE LORIDA	8:	
Plantation, FL 33322 (CITY,STATE,ZIP)			
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGRIFF THE PROVISIONS OF ALL STATUTES RELATING TO THE COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIANCE OF THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT. SIGNATURE DATE DATE	DESIGNA S REGIS EE TO CO E PROPEI AR WITH	TED TER OMP R Al	IN ED LY ND