

P96000048605

FILED

96 JUN -4 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 29, 1996

MARTH SEVERNS
15640 ALLMAND DRIVE
HUDSON, FL 34667

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: ARTICLES OF INCORPORATION - ROBINS' NEST FAMILY
RESTAURANT, INC.

GENTLEMEN:

PLEASE FIND ENCLOSED THE ARTICLES OF INCORPORATION IN
DUPLICATE FOR THE ABOVE REFERENCED CORPORATION TOGETHER
WITH MY CHECK IN THE AMOUNT OF \$122.50 COVERING THE FEES
AS REQUIRED FOR INCORPORATING, PLUS A CERTIFIED COPY OF
THE ARTICLES. PLEASE FORWARD A CERTIFIED COPY OF THE
ARTICLES TO MARTHA SEVERNS, 15640 ALLMAND DR, HUDSON, FL
34667.

PLEASE MAKE THE EFFECTIVE DATE, THE DATE OF FILING BY YOUR
OFFICE.

VERY TRULY YOURS,


MARTHA SEVERNS
INCORPORATOR

100001851201
-06/05/96--01014--012
****122.50 ****122.50

ENC (3)

PK
6/7/96

ARTICLES OF INCORPORATION

OF

FILED

ROBINS' NEST FAMILY RESTAURANT, INC.

96 JUN -4 AM 9:34

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF INCORPORATION, EACH A NATURAL PERSON, COMPETENT TO CONTRACT, HEREBY ASSOCIATE THEMSELVES TOGETHER, TO FORM A CORPORATION FOR PROFIT, UNDER THE LAWS OF THE STATE OF FLORIDA.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

THE CORPORATION WILL BE NAMED ROBINS' NEST FAMILY RESTAURANT, INC. HAVING ITS PRINCIPAL AND MAILING ADDRESSES LOCATED AT 15640 ALLMAND DRIVE, HUDSON, FL 34667.

ARTICLE II

THE GENERAL NATURE OF BUSINESS, AND THE OBJECTS AND PURPOSES TO BE TRANSACTED AND CARRIED ON, ARE TO DO ANY AND ALL OF THE THINGS, HEREIN MENTIONED AS FULLY AND TO THE SAME EXTENT AS NATURAL PERSONS MIGHT OR COULD DO, VIZ., THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA AND SHALL POSSESS ALL OF THE POWERS GRANTED CORPORATIONS, UNDER THE PROVISIONS OF CHAPTER 607, OF THE FLORIDA STATUTES.

ARTICLE III

THE AUTHORIZED CAPITAL STOCK OF THIS CORPORATION SHALL BE 100 SHARES OF COMMON STOCK, HAVING A PAR VALUE OF \$5.00 PER SHARE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH THIS CORPORATION SHALL COMMENCE BUSINESS, SHALL BE \$500.00.

ARTICLE V

THE CORPORATION SHALL COMMENCE UPON COMPLIANCE WITH THE REQUIREMENTS OF THE FLORIDA LAW, AND ITS EXISTENCE SHALL BE PERPETUAL.

ARTICLE VI

THE NAMES AND MAILING ADDRESSES OF THE SUBSCRIBERS TO THE CERTIFICATE OF INCORPORATION ARE:

| NAME ----- | ADDRESS ----- |
|----------------|-------------------------------|
| MARTHA SEVERNS | 15640 ALLMAND DR, HUDSON, FL |
| ROBIN BACHAND | 7326 SOUTHWIND DR, HUDSON, FL |

ARTICLE VII

THE NAME AND STREET ADDRESS OF THE MEMBERS OF THE FIRST BOARD OF DIRECTORS, WHO SHALL HOLD OFFICE FOR THE FIRST YEAR OF EXISTENCE, OF THE CORPORATION OR UNTIL SUCESSORS ARE ELECTED OR APPOINTED, PURSUANT TO THE BY LAWS OF THIS CORPORATION, ARE AS FOLLOWS:

| NAME ----- | ADDRESS ----- |
|----------------|-------------------------------|
| MARTHA SEVERNS | 15640 ALLMAND DR, HUDSON, FL |
| ROBIN BACHAND | 7326 SOUTHWIND DR, HUDSON, FL |

ARTICLE VIII

THE CORPORATION SHALL BE GOVERNED BY A BOARD OF DIRECTORS OF NOT LESS THAN ONE (1), NOR MORE THAN THREE (3) DIRECTORS, WITH THE EXACT NUMBER TO BE ESTABLISHED BY THE BYLAWS OF THE CORPORATION.

ARTICLE IX

THE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY A MAJORITY OF THE STOCKHOLDERS ENTITLED TO VOTE THEREON, AT A MEETING FOR SAID PURPOSE, UNLESS ALL DIRECTORS AND STOCKHOLDERS SIGN A WRITTEN STATEMENT, SETTING FORTH THEIR INTENTION THAT A CERTAIN AMENDMENT OF THESE ARTICLES BE MADE.

ARTICLE X

PURSUANT TO SECTION 48.091 OF THE FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO BE IN COMPLIANCE WITH SAID ACT:

ROBINS NEST FAMILY RESTAURANT, INC. DESIRES TO ORGANIZE UNDER LAW OF THE STATE OF FLORIDA, HAVING ITS REGISTERED OFFICE LOCATED AT 15640 ALLMAND DR, HUDSON, FL, HAS NAMED MARTHA SEVERNS, WHO RESIDES AT 15640 ALLMAND DR, HUDSON, FL 34667, AS ITS REGISTERED AGENT TO ACCEPT SERVICE IN THIS STATE, AT THE ABOVE ADDRESS.

IN WITNESS WHEREOF, WE HAVE HEREUNTO SET OUR HAND AND SEAL THIS

29 DAY OF May, 1996.

AS TO ALL INCORPORATORS:

Financi To Lino
WITNESS

Henrietta Reiners
WITNESS

Martha Severns
MARTHA SEVERNS, INCORPORATOR
Robin Bachand
ROBIN BACHAND, INCORPORATOR

STATE OF FLORIDA

COUNTY OF PASCO

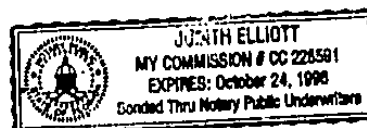
BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED, MARTHA SEVERNS AND ROBIN BACHAND, INCORPORATORS DESCRIBED IN FOREGOING ARTICLES OF INCORPORATION, WHO AFTER BEING DULY SWORN STATED THAT THEY EXECUTED THE ARTICLES FOR THE PURPOSES EXPRESSED THEREIN.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 29 DAY OF May, A.D. 1996
ID EXAMINED Drivers License FL

MY COMMISSION EXPIRES: Oct 24 1996

DOCUMENT PREPARED BY: MARTHA SEVERNS

Jeanette Elliott
NOTARY PUBLIC



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ACKNOWLEDGEMENT

96 JUN -4 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT TO ACT IN THIS CAPACITY, AND DO AGREE TO COMPLY WITH THE PROVISIONS OF SAID ACT RELATIVE TO KEEPING OPEN SAID OFFICE.


MARTHA SEVERNS
REGISTERED AGENT


STATE OF FLORIDA

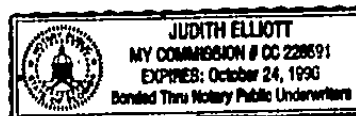
COUNTY OF PASCO

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED MARTHA SEVERNS, KNOWN TO ME TO BE THE SAME PERSON NAMED IN THE FOREGOING ACKNOWLEDGEMENT, WHO, AFTER BEING DULY SWORN, DEPOSES AND SAYS THAT SHE EXECUTED SAID ACKNOWLEDGEMENT FOR THE PURPOSES AS THEREIN EXPRESSED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 29 DAY OF May A.D. 1996
IDENTIFICATION EXAMINED Drivers Lic FL.

MY COMMISSION EXPIRES: Oct 24 1996


NOTARY PUBLIC



DOCUMENT PREPARED BY: MARTHA SEVERNS

P96 000048605

September 26, 1996

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

RE: EIN-59-3382382

Dear Sir:

Please be advised that I, Martha Severns, am no longer affiliated as of the above date with the business known as: ROBIN'S NEST FAMILY RESTAURANT, 15427 U.S. HIGHWAY 19, HUDSON, FLORIDA 34667.

Please correct your records accordingly and please sign and return one copy of this letter in the pre-addressed envelope.

I will no longer be responsible individually from September 26, 1996 forward for any debts incurred.

Thank you,


MARTHA SEVERNS

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-11/13/96--01119--003
*****35.00 *****35.00

ACKNOWLEDGED AND ACCEPTED.

Encl: Letter of Resignation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

96 NOV -8 PM 2:47

off receipt

NOV 8 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 8, 1996

MARTHA SEVERNS
15640 ALLMAND DRIVE
HUDSON, FL 34667

SUBJECT: ROBINS' NEST FAMILY RESTAURANT, INC.
Ref. Number: P96000048605

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

To resign as registered agent for a corporation, the enclosed resignation form should be completed and returned with a fee of \$87.50 for an active corporation or \$35 for an administratively dissolved corporation.

If you have any questions concerning this matter, please either respond in writing or call (904) 487-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 996A00045861

Florida Department of State, Sandra B. Mortham, Secretary of State

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV -8 PM 2:41

OFFICER / DIRECTOR RESIGNATION

I, MARTHA SEVERNS, hereby resign as Director
(Title)

of ROBIN'S NEST FAMILY RESTAURANT, INC
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

That the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

P96000048605

Requestor's Name
15427 US Hwy 19
Address
Hudson, Fla. 34667
City/State/Zip Phone #

600002003006--4
-11/13/96--01119--004
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|-------------------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input checked="" type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -8 PM 2:49

NOV 8 1996

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Robin's Nest Family Restaurant, Inc

2. The mailing address of the corporation is: 15427 U.S. Hwy 19, Hudson,
Florida 34667

3. Date of incorporation/qualification: JUNE 7, 1996 Document number: 99600048605

4. The name and address of the current registered agent and office:

MARTHA SEVERNS
15640 ALLMAN Dr
Hudson, FL 34667

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Robin Bachand
7326 Southwind Dr
Hudson, FL 34667

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DIVISION OF CORPORATIONS
96 NOV -8 PM 2:49

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board

Martha Severns Sept 26, 1996
(Signature of an officer, chairman or vice chairman of the board) (Date)

MARTHA SEVERNS - DIRECTOR & REGISTERED AGENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Robin Bachand
(Signature of Registered Agent)

10-29-96
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)