# P96000081556

Nequestor's Name

1420 NE 1520 S.

Address

NMOM1 FL 33102 945 1830

City/State/Zip Phone #

RECEIVED
96 OCT -2 PH 2: 09
DIVISION OF CORPORATION

Office Use Only

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

1				-10/02/960 +***122.50	1047(
I	(Corporation Name)	(Do	cument #)	79491 <u>66</u> ,500	7.848 <u>1</u> 6
2	(Corporation Name)		eument #)		
	(Corporation Name)	(Do	cument #)		
3.	(Corporation Name)	(Do	cument #)		<del></del>
4	(Corporation Name)	(Do	cument #)		
	(Corporation France)	(50	cument #)	7. Tin	
Walk in	Pick up time	е	Certified	I Copy 完	
☐ Mail out	Will wait	Photocopy	Certifica	ite of Status	FILI
NEW FILINGS	AMEN	NDMENTS **	Secured:	四次 理	-ED
Profit	Amendm	nent			•
NonProfit	Resignat	tion of R.A., Officer/ Direct	tor	₩	
Limited Liability	Change o	of Registered Agent			
Domestication	Dissoluti	ion/Withdrawal			
Other	Merger				
OTHER FILIN	247 (457) (457) E.	GISTRATION/	-		
		ISTRATION/ LIFICATION			
Annual Report	Foreign				
Fictitious Name		Partnership			
Name Reservation	Reinstate				
	Tradema				
	Other				

OCT

## ARTICLES OF INCORPORATION

OF

A & WE INC.

FILED
96 001 -2 Fil 2: 16
SEGGLIA A SINTE
FILLNING A SINT

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, haraby adopt(s) the following Articles of incorporation.

#### ARTICLE 1 NAME

The name of the corporation shall be:

A & WE INC

#### ARTICLE II PRINCIPAL OFFICE

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

3414 S. UNIVERSITY PRIVE DAVIE, FL 33328

#### ARTICLE III BHARES

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

The Corporation shall have the authority to issue 200 Shares of common stock, each share to have No Par Value. The shares may be issued for the consideration expressed in dollars as may be fixed from time to time.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sonny Banks 420 NE 152nd St N. Miami Beach, FL 33162

#### ARTICLE V INCORPORATOR(S)

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

Sonny Banks 420 NE 152nd Street N. Maami, fl 33162

The nature of the business and objects and purpose proposed to be transacted, promoted and carried on, are to do any and all things herein mentioned, as fully and to the same extent as natural persons might or could do, and in any part of the world, viz:

The purpose of the corporation is to provide a full range of foods and beverage services and to engage in any lawful act or activity for which the corporation may be organized under the general Corporation Law of Florida.

The undersigned incorporator(s) has(have) executed these Articles of incorporation this

nger -	1st day of	OCTOBER	18 1996
		1 .0.	i 1
		A L	
		Signature	1
	**************************************	Bignature	
		Signature	

Articles of Incorporation Filing Fae - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURBUANT TO THE PROVISIONS OF SECTION 807.0501 of \$17.0501, 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. 7	The name of the corporation is: A & WE INC	, Inc.	
2, T	The name and address of the registered agent and office is:	FILED 807 -2 PM	
	420 NE 152nd STREET	2: 16	
	(P.O. Box not socientable)	The Charge Applications	
	N. MIAMI BEACH, FL 33162		
	ICHU/Quala/71Al		

Having been named as registered agent and to accept service of process for the above stated comporation at the place designated in this certificate, I nerely 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 partormance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

10/1/94

7

# P96000081556

3418 S. Uni	Address	4 0000 -03. ***	121218041 /24/9701117010 ***35.00 *****35.00
Vauit 14. 3 City/State/Z	3328 p Phone #	Office Us	e Only
CORPORATION N	AME(S) & DOCUMENT NUN	1BER(S), (if known):	
1. (Corpor	ration Name) (D	ocument #)	<del></del>
2. (Corpor	ration Name) (D	ocument #)	
3. (Corpor	ration Name) (D	ocument #)	
4. (Corpo	ration Name) (L	ocument #)	
	Pick up time	Certified Copy	u.
Mail out	Will wait Photocopy	Certificate of	97 SE(
NEW FILINGS	AMENDMENTS	Angles (gr.) Angles (gr.) Angles (gr.)	FILED 97 MAR 24 AM 10: 33 9 SECRETARY OF STATE FALLAHASSEE, FLORIDA
Profit	Amendment		TILE ARY ARY SSE
NonProfit	Resignation of R.A., Officer/ Dir	ector	A D
Limited Liability	Change of Registered Agent		O: 33
Domestication	Dissolution/Withdrawal	SH 320	D ω
Other	Метдет		
	MARINE PROPERTY OF PROPERTY OF A SECTION OF		
OTHER FILINGS	REGISTRATION/ QUALIFICATION		
Annual Report	Foreign		
Fictitious Name	Limited Partnership		
Name Reservation	Reinstatement		
	Trademark		
	Other		

Examiner's Initials

CR2E031(1 95)

.\$3500

Prease mail recorpt to
GATI Slavery
To business Deport
3 418 South Unions The ARTICLES OF DISSOLUTION DAVICE, Fl.
33338

Pursuant to section 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

first:	The name of the corporation is: Atue Juc.	,
	No. P96 000081556	•
SECOND:	The date dissolution was authorized: MANCA 15+ 1987	·
THIRD:	Adoption of Dissolution (check one)	
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	
	Dissolution was approved by vote of the shareholders through voting groups.  [The following statement must be separately provided]	
	[The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:  The number of votes cast for dissolution was sufficient for	FILED
	"The number of votes cast for dissolution was sufficient for approval by"	
Sig	ned this 15 day of March , 19 97.	
	Signature Shring Process  (By the Chairman of Vice Chairman of the Board, President, or other officer)	
	GAPU Shinny (Typed or printed name)  President	

(Title)