P96000089136

TRANSMITTAL LETTER

EFFECTIVE DATE Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Bob + SHERRY'S LUNCH PAD, INCIDED TO THE SUBJECT: (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: **⊠** \$122.50 \$131.25 \$70.00 \$78.75 Filing Fee, Certified Copy Filing Fee & Certificate Filing Fee Filing Fee & Certified Copy & Cordicate Additional Copy Required ROBERT MURRAY FROM:

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

MOCT-30 1996.

EFFECTIVE USIE

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:

Rob 4 SHERRY'S LUNCH PAD, INC.

ARTICLE II PRINCIPAL OFFICE

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

485 E. MERRIMAC DR.

MERRITT ISLAND, FL 32952.

ARTICLE III SHARES

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

,

1.000

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

ROBERT MURRAY 485 E. MERRIMAC DR. MEDDITT ISLAND, FL 32952

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):

ROBERT MURRAY 485 E. MERRIMAC DR. MERRITT ISLAND, FL 32952

ARTICLE II

THE EFFECTIVE DATE SHALL ISE JANUARY 1, 1997.

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

28th day of October , 19 96.

(An additional article must be added if an effective date is requested.)

Signature Signature

Signature

Signature

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 corporation is:	BOBY SHERRY'S LUUCH PAD INC.

2. The name and address of the registered agent and office is:

ROBERT MURRAY			
		99	
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)			1
MERRITT ISLAND FL. 32952		29	
(CITY/STATE/ZIP)		PH 3	
		3.1	

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.

(SIGNATURE) (DAT:)