

P96000095643

**CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Mailor No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

10:00 PM 11/22/96

NOV 22 1996

REQUEST TAKEN CONFIRMED APPROVED  
DATE 11/22  
TIME  
BY CK No.

WALK-IN  
Will Pick Up 12:00

RE: Anna - Leone, Inc.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
<input checked="" type="checkbox"/> ( ) Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S -		
Fictitious Name File	****122.50	****122.50
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ( )		
Top Priority		
Express Mail Prop.		
FAX ( ) pgs.		

**SUBTOTALS**

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

ARTICLES OF INCORPORATION

OF

AMA-LEONE, INC.

96 NOV 22 PM 2:31

The undersigned subscribers to these Articles of Incorporation, natural persons competent to contract, hereby form a corporation under the laws of the State of Florida.

I.

The name of the corporation is:

AMA-LEONE, INC.

II.

The general nature of the business to be transacted is the operation of a pizza restaurant and any and all connected activities permitted by law.

III.

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares.

IV

The name and address of the initial registered agent is:  
Elvira DiLibero, 11 N.E. 58th Avenue, Unit C, Ocala, Florida 34470.

V

The corporation shall have perpetual existence.

VI

The principal place of business of the corporation shall be 11 N.E. 58th Avenue, Unit C, Ocala, Florida 34470, or at such other place as the Board of Directors may choose.

VII

The initial number of directors of the Corporation shall be one.

VIII

The name and address of the first director of the Corporation is:

Elvira DiLibero

14585 N.E. 7th Avenue  
Citra, Florida 32113

IX

The names and post office addresses of each subscriber of the

Certificate of Incorporation is as follows:

Elvira DiLibero 14585 N.E. 7th Avenue  
Citra, Florida 32113 1000 shares

IN WITNESS WHEREOF, I have hereunto set my hand and seal  
this 21 day of November, 1996.

Elvira DiLibero  
Elvira DiLibero

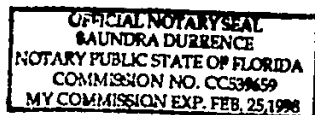
STATE OF FLORIDA     )  
                              ) SS:  
COUNTY OF MARION    )

Personally appeared before me, the undersigned authority,  
ELVIRA DI LIBERO, to me known and known to me to be the  
incorporator described in the foregoing Articles of Incorporation  
of AMA-LEONE, INC., and she acknowledged the same, and after being  
by me duly sworn, upon their oath, she did depose and say that it  
is intended in good faith to carry out the purpose and objects set  
forth herein.

Sworn to and subscribed before me this 21 day of November 1996.  
*affiant is personally known to me.*

Saundra Durrence  
Notary Public

Elvira DiLibero  
Elvira Di Libero



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the following  
is submitted in compliance with said Act:

FIRST: That Ama-Leone, Inc., desiring to organize under the  
laws of the State of Florida with its principal office, as  
indicated in the Articles of Incorporation at the City of Ocala,  
County of Marion, State of Florida, has named ELVIRA DI LIBERO,  
located at 11 N.E. 58th Avenue, Unit C, Ocala, Florida, 34470,  
as its agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the  
above corporation, at the place designated in this certificate,  
I hereby accept to act in this capacity, and agree to comply  
with the provisions of said Act relative to keeping open said  
office.

By

Elvira Di Libero  
Resident Agent

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