

# LATONA & ISENBERG

ATTORNEYS AT LAW

JOHN LATONA  
CERTIFIED MEDIATOR

315 S.E. 7TH STREET, SUITE 301 • FORT LAUDERDALE, FLORIDA 33301  
BROWARD: 954-523-8899  
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WILLIAM S. ISENBERG  
ALSO A MEMBER OF MASSACHUSETTS BAR

AND D. DANIEL SEAL

*P9700024956*

March 17, 1997

Department of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

500002115035--9  
-03/17/97--01084--004  
\*\*\*\*122.50 \*\*\*\*122.50

At your earliest convenience please file the enclosed copy of the Articles of Incorporation of Restaurant Management Associates, Inc. A check for the filing fee in the amount of \$122.50 is enclosed. Please forward a certified copy of the filed Articles to:

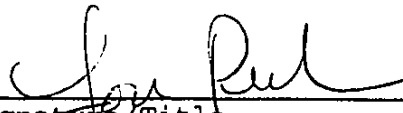
Latona & Isenberg  
315 SE 7th Street  
Suite 301  
Ft. Lauderdale, FL 33301

FILED  
97 MAR 17 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*[Signature]*  
3/20

this

10<sup>th</sup> day of March, 19 97.

  
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Signature/Title

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Signature/Title

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Signature/Title

CERTIFICATE OF DESIGNATION  
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: RESTAURANT MANAGEMENT ASSOCIATES, INC.

2. The name and address of the registered agent and office is:  
LAURIE J. PECK, ,

*LP*  
Lori

\_\_\_\_\_  
(NAME)

149 S.E. 3rd Avenue

\_\_\_\_\_  
(P.O. BOX NOT ACCEPTABLE)

Pompano Beach, FL 33060

\_\_\_\_\_  
(CITY/STATE/ZIP)

SIGNATURE \_\_\_\_\_

*Laurie Peck*  
(Corporate Officer)

TITLE \_\_\_\_\_

*President*

DATE \_\_\_\_\_

*3-10-97*

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.

(F.S.607.0202(1)(g) and F.S.607.0501(Laws 1992))

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*3-10-97*

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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