

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

PTM 30693

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service _____ Two Day Service _____

To Us via _____ Return via _____

Master No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Portfolio Italian
Cafe, Inc

Consolidated _____
 of _____
 Corporation _____
 Limited _____
 Liability _____
 () Cert. Copy(s) _____

Art. of Amend. Filing _____
 Dissolution/Withdrawal _____
 C U S _____
 Fictitious Name Filing _____
 Name Reservation ****122.50 ****122.50
 Annual Report/Vital Information _____
 Reg. Agent Service _____
 Document Filing _____

Corporate Kit _____
 Vehicle Search _____
 Driving Record _____
 Document Retrieval _____
 UCC I or II Filing _____
 UCC II Search _____
 UCC II Retrieval _____
 Filing No.'s _____
 Courier Service _____
 Shipping/Handling _____
 Phone () _____
 Top Priority _____
 Express Mail Prep. _____
 FAX () _____

SUBTOTALS _____

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

RECEIVED
 97 APR - 4 AM 11:03
 DIVISION OF CORPORATION

4/4/97

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____
 DATE 4/4/97 _____
 TIME 9:40 _____
 BY CD _____

WALK-IN
 Will Pick Up _____

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

THANK YOU
 from
 Your Capital City

**ARTICLES OF INCORPORATION
OF PORTOFINO ITALIAN CAFE, INC.**

SECRETARY OF STATE
TALLAHASSEE FLORIDA

97 APR -4 AM 11:31

FILED

Article 1: **Name of Corporation:** Portofino Italian Cafe, Inc.
 Address of Corporation: 2620 NationsBank Tower
 100 S.E. 2nd Street
 Miami, Florida 33131

Article 2: **CAPITAL STOCK:** The number of shares which the corporation has authorized to be outstanding at any one time is 100.

PAR VALUE: \$100.00 (Information about PAR VALUE is not required but may be included).

Article 3: **REGISTERED OFFICE:** The street address of the initial registered office of the corporation shall be: 2620 NationsBank Tower, 100 S.E. 2nd Street, Miami, Florida 33131.

I am familiar with and hereby accept the duties, responsibilities as registered agent for said corporation *Barney Weinkle* 4/3/97

Signature of Registered Agent

Date

Article 4. **The board of directors are as follows:**

The name and address of the Initial Director: (All persons listed after the first are additional directors)

**Barney Weinkle, 2620 NationsBank Tower, 100 S.E. 2nd Street,
Miami, Florida 33131.**

Article 5. **The Name and address of the incorporator is:**

**Bruce J. Smoler, 2620 NationsBank Tower, 100 S.E. 2nd Street,
Miami, Florida 33131.**

In witness whereof, I have subscribed my name *Bruce J. Smoler*

Signature of Incorporator

**Prepared By:
Smoler, Lerman, Bente
& Whitebook, P.A.
2620 NationsBank Tower
100 SE 2nd Street
Miami, Florida 33131
Telephone (305) 539-0011**