Secretary of State
Division of Corporations
P. O. Box 6327

DIVISION OF TARY ED STATE OF S

Re:	Boffoli's	"Bill's Pizza	Joint"	. Inc.
		(name of corporation)		,-

Gentlemen:

Talahassee, FL 32314

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours, 800002151558--2
-04/23/97--01041--020
****122.50 ****122.50

(individual's name)
William Boffoli

Boffoli's "Bill's Pizza Joint", Inc.

(name of corporation)

MAILING ADDRESS OF CORPORATION

1492 Lennard RD.

Port St. Lucie, FL. 34952

PHONE

(561) 335-8506

Area Code Number Ext.

ARTICLES OF INCORPORATION

	of	
Boffoli's	s "Bill's Pizza Joint", Inc.	·
-	(name of corporation)	9,0
The undersigned subscriber(s) to these Article corporation under the laws of the State of	of s "Bill's Pizza Joint", Inc. (name of corporation) s of Incorporation, natural person(s) competent of Florida. ICLE 1 - CORPORATE NAME s "Bill's Pizza Joint", Inc.	o contract dereby form a
ARTI	ICLE I - CORPORATE NAME	R. Solding
Boffoli'	s "Bill's Pizza Joint", Inc.	A SALA
	ARTICLE II - DURATION	10 %
This corporation shall exist perpetually unle	_	
	ARTICLE III - PURPOSE	
The corporation is organized for the purpose United States and the State of Florida.	of engaging in any activities or business permit	ted under the laws of the
ART	TICLE IV - CAPITAL STOCK	
The corporation is authorized to issue five	hundred shares (500) of	one
Dollar(s) (\$\frac{1.00}{}\) par value	ue Common Stock, which shall be designated	"Common Shares."
ARTICLE V - INI	TIAL REGISTERED OFFICE AND AGENT	
The principal office, if known, or the mailing	ng adress of the corporation is:	•
NAME Boffoli's "Bill's Piz	za Joint", Inc.	
ADDRESS 1492 Lennard RD.		
CTTY Port St. Lucie	FLORIDA	ZIP 34952
The name and street address of the Initial	Registered Agent of this Corporation is:	
NAME William Boffoli		
ADDRESS 1492 Lennard RD.		
CTY Port St. Lucie	FLORIDA	ZIP 34952
ARTICLE VI	I - INITIAL BOARD OF DIRECTORS	
This corporation shall have One increased or diminished from time to time to addresses of the initial director(s) of the co	by the By-Laws, but shall never be less than operporation are as follows:	of directors may be either one (1). The names and
NAME William Boffoli		
ADDRESS 1492 Lennard RD.		
CTY Port St. Lucie	STATE Florida	ZIP 34952
NAME		
ADDRESS		·
спү	STATE	211
NAME		
ADDRESS		
сту	STATE	211
FORM 215: ARTICLES OF INCORPORATION, PAGE	OE 1 PAGE 1	Seminole-Miami

ARTICLE VII - INCORPORATORS

NAME ADDRESS CITY STATE ZIP NAME ADDRESS CITY STATE ZIP IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this day of ARIL 1997. STATE OF FLORIDA COUNTY OF St. Lucie before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, perseppeared: ### County Of St. Lucie Signature		s and addresses of the meorporate	its signing these Articles of Incorporation	a are as lonows:
NAME ADDRESS CITY STATE ZIP NAME ADDRESS CITY STATE ZIP IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this _/ day of	NAME	William Boffoli		
NAME ADDRESS CITY STATE ZIP NAME ADDRESS CITY STATE ZIP IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this	ADDRESS	1492 Lennard RD.		
ADDRESS CITY STATE ADDRESS CITY STATE ZIP IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this	CTTY	Port St. Lucie	STATE Florida	ZIP 34952
STATE OF FLORIDA STATE OF FLORIDA STATE OF FLORIDA STATE OF FLORIDA COUNTY OF St. Lucie before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, perseppeared: Form of Identification Signature Form of Identification known to me, and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged me that it executed these Articles of Incorporation, who acknowledged me that it executed these Articles of Incorporation, who acknowledged me that it executed these Articles of Incorporation, who acknowledged me that it executed these Articles of Incorporation, who acknowledged me that it executed these Articles of Incorporation, who acknowledged me that it is executed these Articles of Incorporation, who acknowledged mamed person is as indicated opposite each name, and that an oath (was)(was not) taken. Witness my hand and official seal in the County and State last affiliation of the indication of the indica	NAME		•	
STATE OF FLORIDA STATE OF FLORIDA COUNTY OF St. Lucie before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, perseppeared: FLID # BI40-92D-LB-12I-D EX-4-1 Form of Identification Signature Form of Identification Form of Identification Royal Annual Research Enount on me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged me that the executed these Articles of Incorporation, who acknowledged me that the executed these Articles of Incorporation, who acknowledged me that the executed these Articles of Incorporation, who acknowledged me that the executed these Articles of Incorporation, who acknowledged me that the executed these Articles of Incorporation, who acknowledged me that the executed these Articles of Incorporation, that I relied upon the form of Identification of Identification of Identification and Incorporation and Incorpo	ADD RESS	,		
STATE OF FLORIDA STATE OF FLORIDA COUNTY OF St. Lucie before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, perseppeared: FLID # 6140-920-LB-121-0 Ex-4-1 Form of Identification Rownto me and known to be the person(s) who executed the foregoing Articles of Form of Identification of the named person. Las indicated opposite each name, and that an oath (was)(was not) taken. NOTARYMMENT STATE BIA Witness my hand and official seal in the County and State last affilial. Witness my hand and official seal in the County and State last affilial. Witness my hand and official seal in the County and State last affilial. Witness my hand and official seal in the County and State last affilial. Witness my hand and official seal in the County and State last affilial. Witness my hand and official seal in the County and State last affilial. Witness my hand and official seal in the County and State last affilial. Witness my hand and official seal in the County and State last affilial.	airy .		STATE	ZIP
IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this	WE			
STATE OF FLORIDA COUNTY OF St. Lucie before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, perseppeared: FLID # P:140 920 - (B-12 -0 EX - 4-1 Form of Identification Signature Form of Identification known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged me that Ite executed these Articles of Incorporation, who acknowledged me that Ite executed these Articles of Incorporation, who acknowledged me that Ite executed these Articles of Incorporation, who acknowledged me that Ite executed these Articles of Incorporation, who acknowledged me that Ite executed these Articles of Incorporation, who acknowledged me that Ite executed these Articles of Incorporation, that I relied upon the form of Identification of the named person was indicated opposite each name, and that an oath (was)(was not) taken. NOTANY GLERIA STATE EA. Witness my hand and official seal in the County and State last after the county an	ADDRESS			
STATE OF FLORIDA COUNTY OF St. Lucie before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, persappeared:	лү		STATE	ZIP
before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, persappeared: Figure Figure Form of Identification	day of	HKIL , 19 <u>97</u> .		
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before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, persappeared: Figure Figure Form of Identification				(Seal
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before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, persappeared: FID # BI40-97D-B-121-0 Ex-4-1 Form of Identification				,
before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, persappeared: Figure Figure Form of Identification	STATE OF	TET ODINA		
before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, persappeared: FID # 15140-920-18-121-0			SS	
Signature Signature Signature Form of identification Signature Form of identification Signature Form of identification Known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged me that executed these Articles of Incorporation, that I relied upon the form of identification of the named person as indicated opposite each name, and that an oath (was)(was not) taken. NOTANY RUBBER STANG ZAL Witness my hand and official seal in the County and State last afficial seal in the County and State last affici	COUNTY	Ok our pacte)	
Rown to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged me that	appeared:	Month of "	FLID#B140-920-68-1	21-0 EX-4-1-98
known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged me that		Signature	Form of k	entification
Sis		ne and known to be the person(s) who end the control of the contro	executed the foregoing Articles of Incorpora sof Incorporation, that I relied upon the form ne, and that an oath (was)(was not) taken.	tion, who acknowledged before of identification of the above
	1 2	ONTES NICOLE A. MC CANTY	Mis 14th day of APPEL	19.97
MY COMMISSION & CC 302208 DEPTICE: Ann 7, 100 NICOLE A. MCCARETA	16	MY COMMISSION # CC 180208 EXPINES: June 7, 1986	Rolly Resident A MAN 107	······································

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF



Boffoli's	"Bill's	Pizza	Joint",	Inc
lnanı	e of corpora	tion)		

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 1492 Lennard RD.

Port St. Lucie, FL. 34952

has named William Boffoli

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(regisered agos) William Boffoli