

*P97000036746*

Date 04/10/97

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 APR 23 PM 1:10

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

Gentlemen:

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

*William Boffoli*  
(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 "Bill's Pizza Joint", Inc.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

FILED STATE SECRETARY OF CORPORATIONS  
APR 23 PM 1:10

**ARTICLE I - CORPORATE NAME**

The name of the corporation is:

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

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue five hundred shares ( 500 ) of one Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be designated "Common Shares."

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The principal office, if known, or the mailing address of the corporation is:

NAME	Boffoli's "Bill's Pizza Joint", Inc.		
ADDRESS	1492 Lennard RD.		
CITY	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.		
CITY	Port St. Lucie	FLORIDA	ZIP 34952

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have one ( 1 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	William Boffoli		
ADDRESS	1492 Lennard RD.		
CITY	Port St. Lucie	STATE Florida	ZIP 34952
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

**ARTICLE VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	William Boffoli		
ADDRESS	1492 Lennard RD.		
CITY	Port St. Lucie	STATE	Florida ZIP 34952
NAME			
ADDRESS			
CITY		STATE	
NAME			
ADDRESS			
CITY		STATE	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 14th day of APRIL, 1997.

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Seal)

STATE OF FLORIDA )  
COUNTY OF St. Lucie ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

William Boffoli  
Signature

FL ID # B140-92D-6B-121-0 EX-4-1-98  
Form of Identification

\_\_\_\_\_  
Signature

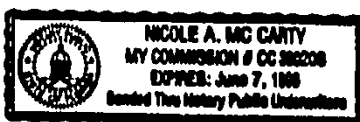
\_\_\_\_\_  
Form of Identification

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that HE executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath (was)(was not) taken.

NOTARY RUBBER STAMP SEAL



Witness my hand and official seal in the County and State last aforesaid this 14th day of APRIL, 1997.

Nicole A. McGarty  
Notary Signature  
NICOLE A. MCGARTY  
Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 APR 23 PM 1:10**

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

*(name of corporation)*

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.

(registered agent)

William Boffoli