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

SUBJECT:	DAMIAN'S BISTRO			
	(Proposed corporate name - must include suffix)			
4				
			70000216 -05/02/97 *****78.	641975 01121008 75 ******78.75
Enclosed is an original	al and one(1) copy of the article	s of incorporation and a	check for :	10113
□ \$70.00 Filing Fee	\$78.75 Filing Fcc & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO		
FROM:	CINDY SOBOLESKY Name (P	rinted or typed)		•
19505 WYNDMILL CIRCLE Address Address				97 HAY -
ODESSA, FL. 33556 City, State & Zip			SSEE, FL	-2 AN 8:3
	813-963-1909 Daytime Telephone number			ATE,
·		AUTHOR CORRECT	Me Me Gowan G RIZATION BY PHONE THOP S	AVE TO

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

97 MAY -2 AM 8:31 SECRETARY OF STATE

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

DAMIAN'S BISTRO CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3879 NORTHDALE BLVD. TAMPA, FL. 33624

ARTICLE III SHARES

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

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

19505 WYNDMILL CIRCLE ODESSA, FL. 33556

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

CINDY SOBOLESKY SAME

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

Da