

TRANSMITTAL LETTER

P97000052352

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

400002190024--2
-05/23/97--01087--008
*****280.00 *****70.00

SUBJECT: Anchor Inn Seafood Restaurant inc
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: SAM OSTA
Name (Printed or typed)

3541 A Forest Branch Dr
Address

Leak Orange, FL, 32119
City, State & Zip

904-322-8940
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
97 JUN 12 AM 10:00

FILED
[Handwritten signature]
6/12/97

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 28, 1997

SAM OSTA
3541 A- FOREST BRANCH DRIVE
PORT ORANGE, FL 32119

SUBJECT: ANCHOR INN SEAFOOD RESTAURANT INC.
Ref. Number: W97000012377

We have received your document for ANCHOR INN SEAFOOD RESTAURANT INC. and your check(s) totaling \$280.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6933.

Dana Calloway
Document Specialist

Letter Number: 097A00028701

DEAR DANA CALLOWAY 6/9-97
Please file the corporation as:
ANCHOR INN RESTAURANT INC.
THANK YOU
SAM

ARTICLES OF INCORPORATION

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

FILED
97 JUN 12 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Anchor INN RESTAURANT INC.

ARTICLE II PRINCIPAL OFFICE

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

3541 - A - Forest Branch Dr.
Fort. Orange - FL 32119.

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SAM OSTA
3541 A - Forest Branch Dr.
Fort Orange. FL 32119

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SAM OSTA

3541 - A - FOREST Branch Dr.
Port orange, FL 32119

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21st day of MAY, 1997

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



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
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 Anchor Inn RESTAURANT Inc

2. The name and address of the registered agent and office is:

SAM DSTA 3541 - A - Forest Branch Dr
(NAME)

Port orange FL 32119
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

(CITY/STATE/ZIP)

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.



(SIGNATURE)

5-21-97

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
97 JUN 12 AM 10:01
FILED