

P97000060984
TRANSMITTAL LETTER

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

FILED
97 JUL 11 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: FOUR SEASONS RESTAURANT INC.
(Proposed corporate name - must include suffix)

100002235771--8
-07/11/97-01052-004
*****70.00 *****70.00

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: HOUSSAM FAKHRAN
Name (printed or typed)

10419 BOYNTON PLACE CIRCLE
Address

BOYNTON BEACH FLORIDA 33437
City, State & Zip

561-738-2152
Daytime Telephone number

PA 7/14/97

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

FILED

ARTICLES OF INCORPORATION

97 JUL 11 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

ARTICLE I NAME

The name of the corporation shall be:

FOUR SEASONS RESTAURANT INC.

ARTICLE II PRINCIPAL OFFICE

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

10419 BOYNTON PLACE CIRCLE
BOYNTON BEACH, FLORIDA 33437

ARTICLE III SHARES

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

20

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HOUSSAM FAKHRAN
10419 BOYNTON PLACE CIRCLE
BOYNTON BEACH, FLORIDA 33437

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):

R HOUSSAM FAKHRAN

10419 BOYNTON PLACE CIRCLE

BOYNTON BEACH, FLORIDA 33437

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

9 day of JULY, 19 97.

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

✓ Houssam FAKHRAN

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**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: FOUR SEASONS RESTAURANT INC.
2. The name and address of the registered agent and office is:

HOUSAM FAKHRAN
(NAME)

10419 BOYNTON PLACE CIRCLE
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

BOYNTON BEACH, FLORIDA 33437
(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.

Housa Fakhran
(SIGNATURE)

7/9/97
(DATE)