# P97000063550

#### TRANSMITTAL LETTER

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

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AUTHORIZATIQN BY PHONE TO

SUBJECT:

(proposed corporate name)

SHIPS WHEEL RESTAURANT, INC.

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$70.00.

FROM:

Name MARGARET.R. ANDERSONATION

Address 3050 ST. Rp. 16

City, State, & Zip ST. AUGUSTINE, FL. 32092

Telephone Number 904-808-4645

FILED

97.JUL 21 AN IO: 38

WALLANASSEE FLORIDA

Note: Additional copy of articles is needed only when certified copy is requested.

T.A.M. 723/93

### ARTICLES OF INCORPORATION

<u>OF</u>

SHIPS WHEEL RESTAURANT, Inc.

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:

SHIPS WHEEL RESTAURANT, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3050 State Kd, 16 St. Hugustine, FL 32092

ARTICLE III CAPITAL STOCK

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

100

SWA. - NL

## ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MARGARET R. ANDERSON 3050 ST. RD. 16 ST. AUGUSTINE FL. 32092 97 JUL 21 AH 10: 38

## ARTICLE V INCORPORATOR(S)

The name(s) and street address(es)	of	the in	ncorpora	itor(s) to	these	Arti	cles
of Incorporation is(are):	•			· \	•	• ;	
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MARGARET R. ANDERSON (President) 3060 ST. RD. 16 ST. AUGUSTINE FL. 32092

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Signature/Title

Signature/Title

Signature/Title

Signature/Title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION OF 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 May 30, 1897

REGISTERED AGENT FILING FEE: \$35.00

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