

TRANSMITTAL LETTER

P970000069323

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

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-08/08/97--01133--1002
****131.25 ****131.25

SUBJECT: C.S.A. LUNCHES, 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: MRS. CATHERINE WAPNER
Name (Printed or typed)

4932 N.W. 111TH TERRACE
Address

CORAL SPRINGS, FLORIDA 33076
City, State & Zip

(954) 340-7146
Daytime Telephone number

97 AUG -8 PM 1:53

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

RP
8-11-97

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.

ARTICLE I NAME

The name of the corporation shall be:

C.S.A. LUNCHES, INC.

ARTICLE II PRINCIPAL OFFICE

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

10730 WILES ROAD
CORAL SPRINGS, FLORIDA 33065

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ARTICLE III SHARES

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

500 SHARES OF COMMON STOCK, PAR VALUE \$1.00 PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MRS. CATHERINE WAPNER
4932 N.W. 111TH TERRACE
CORAL SPRINGS, FLORIDA 33076

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):

MRS. CATHERINE WAPNER
4932 N.W. 111TH TERRACE
CORAL SPRINGS, FLORIDA 33076

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

4 day of August, 1997.

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

x Catherine Wapner
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 C.S.A. LUNCHES, INC.

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

CATHERINE WAPNER
(NAME)

4932 N.W. 111TH TERRACE
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

CORAL SPRINGS, FLORIDA 33076
(CITY/STATE/ZIP)

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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.

x Catherine Wapner
(SIGNATURE)

8/4/97
(DATE)