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TRANSMITTAL LETTER

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

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-08/11/97--01046--014
*****78.75 *****78.75

SUBJECT: QUIZNO'S - BAYFRONT MEDICAL CENTER, 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:

DAVID M. BLACK

Name (printed or typed)

6223 PASADENA POINT BLVD.

Address

GLUFCORT, FL 33707

City, State & Zip

(813) 345-2453

Daytime Telephone number

FILED
97 AUG 11 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

D. REGISTER 'AUG 12 1997

ARTICLES OF INCORPORATION

FILED
97 AUG 11 PM 1:20
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:

QUIZNO'S - BAYFRONT MEDICAL CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

*6223 PASADENA POINT BLVD
GULFPORT, FL 33707*

ARTICLE III SHARES

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

60,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*DAVID M. BLACK
6223 PASADENA POINT BLVD
GULFPORT, FL
33707*

ARTICLE V INCORPORATOR(S)

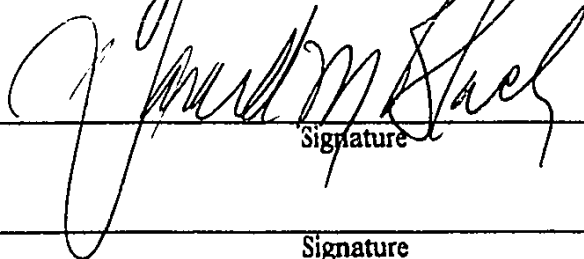
See instructions for officers/directors

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

DAVID M. BLACK
6223 PASADENA POINT BLVD
GULFPORT, FL 33707

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

8th day of August, 19 97



Signature

Signature

Signature

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:

QUIZNO'S - Bayfront Medical Center
INC

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

DAVID M. BLACK
(NAME)

6223 PASADENA POINT BLVD

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

GULFPORT, FL 33707
(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]
(SIGNATURE)

8-8-97
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32316

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97 AUG 11 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA