P97000073460 Hoffmeler Accounting Day Jervice, Inc.

5101 N.W. 21st Avenue, Suite 200, Fort Lauderdale, Florida 33309 Phone (305) 735-8770 • Fax (305) 733-9220

STATE OF FLORIDA DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FLORIDA 32314

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GENTLEMEN:

ENCLOSED PLEASE FIND ARTICLES OF INCORPORATION FOR GRIDDLE RESTUARANT, INC. ALONG WITH OUR CHECK IN THE AMOUNT OF \$122.50 TO COVER THE FILLING COST OF THIS CORPORATION. IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT US AT THE ABOVE ADDRESS OR TELEPHONE NUMBER.

THANK YOU,

LISA J. DARBRO

97 AUG 22 PH 3: 37
SECRETARY OF STATE

AL AUG 2 5 1997

ARTICLES OF INCORPORATION

OF

GRIDDLE RESTAURANT, INC.

97 AUG 22 PM 3: 37

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

GRIDDLE RESTAURANT, INC.

THE UNDERSIGNED SUBSCRIBER TO THESE ARTICLES OF INCORPORATION IS A NATURAL PERSON, COMPETENT TO CONTRACT, ASSOCIATED TO FORM A CORPORATION FOR PROFIT UNDER THE LAWS OF THE STATE OF FLORIDA: AND FURTHER AGREES TO THE FOLLOWING CONDITIONS OF SAID CORPORATION.

ARTICLE I: NAME

THE NAME OF THE CORPORATION IS: GRIDDLE RESTAURANT, INC.

ARTICLE II: NATURE OF BUSINESS

THE GENERAL NATURE OF THE BUSINESS AND THE OBJECTS AND PURPOSES PROPOSED TO BE TRANSACTED BY THE CORPORATION, AND THE POWERS AND PRIVILEGES TO BE EXERCISED BY IT SHALL INCLUDE ALL POWERS THAT ARE GIVEN TO THE BODIES CORPORATE UNDER THE STATUTES OF THE STATE OF FLORIDA, AND THE LAWS OF THE UNITED STATES, TOGETHER WILL ALL RIGHTS POWERS AND PRIVILEGES INCIDENT THERETO.

ARTICLE III: CAPITAL STOCK

THE CAPITAL STOCK OF THE CORPORATION SHALL CONSIST OF ONE HUNDRED (100) SHARES OF A PAR VALUE OF ONE (\$1.00) DOLLAR EACH, WHICH STOCK SHALL BE PAID FOR IN CASH, REAL OR PERSONAL PROPERTY OR IN SERVICES. THE VALUE OF EACH SUCH REAL OR PERSONAL PROPERTY OR SERVICES SHALL BE FIXED BY THE BOARD OF DIRECTORS OF SAID CORPORATION, AND THE STOCK SHALL BE ISSUED ON THE VALUE SO FIXED. ALL STOCK SHALL BE FULLY PAID FOR AND NON-ASSESSABLE.

ARTICLE IV: TERM OF EXISTENCE

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS IT BE DISSOLVED BY ACTION OF LAW.

ARTICLE V: PLACE OF BUSINESS

INITIAL REGISTERED OFFICE INITIAL REGISTERED AGENT

THE INITIAL REGISTERED OFFICE AND PLACE OF BUSINESS OF THIS CORPORATION

IN THE STATE OF FLORIDA IS:

PLACE OF BUSINESS

5409 NW 50TH AVE

TAMARAC FLORIDA 33319

REGISTERED OFFICE

5409 NW 50TH AVE

TAMARAC FLORIDA 33319

THE INITIAL REGISTERED AGENT IS:

BEA WECHTER

5409 NW 50TH AVE

TAMARAC FLORIDA 33319

ARTICLE VI: DIRECTOR

THIS CORPORATION SHALL HAVE ONE DIRECTOR INITIALLY. THE NUMBER OF DIRECTORS MAY BE CHANGED FROM TIME TO TIME AS THE STOCKHOLDERS DESIRE, IN ACCORDANCE WITH THE BY-LAWS HEREOF.

ARTICLE VII: INITIAL DIRECTORS

THE NAME AND STREET ADDRESS OF THE FIRST BOARD OF DIRECTORS IS AS

FOLLOWS:

NAME BEA WECHTER ADDRESS 5409 NW 50TH AVENUE TAMARAC FLORIDA 33319

ARTICLE VIII: SUBSCRIBERS

THE NAME AND STREET ADDRESS OF THE SUBSCRIBERS TO THESE ARTICLES OF INCORPORATION IS AS FOLLOWS:

NAME BEA WECHTER ADDRESS 5409 NW 50TH AVE TAMARAC FLORIDA 33319

ARTICLE IX: AMENDMENT

THESE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY THE BOARD OF DIRECTORS, PROPOSED BY THEM TO THE STOCKHOLDERS, AND APPROVED AT A STOCKHOLDERS MEETING BY A MAJORITY OF THE STOCKHOLDERS.

IN WITNESS	WHEREOF,	I HAVE	HEREUNTO	SET	MY	HAND	AND	SEAL	THIS	
 20 th	_DAY OF	·auza	est		. 19	9.7				
			B	la	Z	less	rto		(;	SEAL)

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

I, BEA WECHTER, UNDERSIGNED DO ACKNOWLEDGE THAT I AM FAMILIAR WITH DUTIES AND RESPONSIBILITIES AS A REGISTERED AGENT FOR A

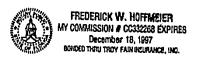
CORPORATION, AND AS SUCH, DO HEREBY ACCEPT AS REGISTERED AGENT FOR

GRIDDLE RESTAURANT, INC.

Bu Wichte (SEAL)

STATE OF FLORIDA)
)ss:
COUNTY OF BROWARD)
I HEREBY CERTIFY THE	AT ON THIS DATE, BEFORE ME, A NOTARY PUBLIC
DULY AUTHORIZED IN THE S	STATE AND COUNTY ABOVE NAMED TO TAKE
ACKNOWLEDGEMENTS, PERSONA	ALLY APPEARED
	BEA WECHTER BLA WICHTER
TO ME KNOWN TO BE THE PE	RSON DESCRIBED AS SUBSCRIBER IN AND WHO DID
EXECUTE THE FOREGOING AR	TICLES OF INCORPORATION.
witness my hand and	official seal this 20 th Day of
,	

MY COMMISSION EXPIRES:



STATE (OF I	FLORIDA)
) ss :
COUNTY	OF	BROWARD)

I HEREBY CERTIFY THAT ON THIS DATE, BEFORE ME, A NOTARY PUBLIC, DULY AUTHORIZED IN THE STATE AND COUNTY ABOVE NAMED TO TAKE ACKNOWLEDGEMENTS, PERSONALLY APPEARED

BEA WECHTER BLA WICHTEL

TO ME KNOWN TO BE THE PERSON DESCRIBED AS REGISTERED AGENT AND WHO DID HEREBY ACCEPT AS REGISTERED AGENT.

WITNESS MY HAND AND OFFICIAL SEAL THIS 20 tot DAY OF July att.

MY COMMISSION EXPIRES:

