

P9700096974

TRANSMITTAL LETTER

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

100002342271--9
-11/10/97--01024--002
****122.50 ****122.50

SUBJECT: Chopstix of Kissimmee, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check of 122.50.

FROM: Christine Chew
8748 Wittenwood Cove
Orlando FL 32836

PHONE: 407-876-7241

Enclosures
Original and One Copy of Articles

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV 10 PM 3:51

Articles of Incorporation
Chpostix of Kissimmee, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV 10 PM 3:52

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:

Chopstix of Kissimmee, Inc.

Article II - Principal Office

The principal office and mailing address of this corporation shall be:

5003 Mellon Ct
Windermere Fl 32786

Article III - Shares

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

1000 Shares at no Par Value

Article IV - Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

5003 Mellon Ct
Windermere Fl 32786

Article V - Incorporator(s)

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

Thomas Sheen
5003 Mellon Ct
Windermere Fl 32786

The undersigned incorporator(s) has(have) executed these Articles of Incorporation
this 3rd November 1997



Signature

ARTICAL VI-OFFICRS

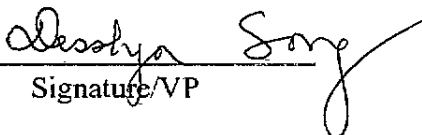
The names and address of the initial officers if the corporation who shall hold office for the corporation, or until their successors are elected or appointed are:

Thomas Sheen(Pesident)
5003 Mellon Ct
Windermere Fl 32786



Signature/ President

Dershy Song(VP)
5003 Mellon Ct
Windermere Fl 32786



Signature/VP

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***Certificate of Designation of
Registered Agent/Registered Office***

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: Chopstix of Kissimmee, Inc.
2. The name and address of the registered agent and office is:

Thomas Sheen
5003 Mwillon Ct
Windermere Fl 32786

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.

TS
Signature

11-7-97
DATE