

P97000103498
TRANSMITTAL LETTER

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

900002365709--2
-12/08/97--01107--014
*****78.75 *****78.75

SUBJECT: TABLE TIMES, 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

FILED
97 DEC -8 PM 12:38
TALLAHASSEE, FLORIDA
DEPT. OF STATE

FROM: PADGETT BUSINESS SERVICES
Name (printed or typed)
45 WEST TARPON AVENUE
Address
TARPON SPRINGS, FL 34689
City, State & Zip
(813) 934-7759
Daytime Telephone number

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

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: TABLE TIMES, INC

ARTICLE II PRINCIPAL OFFICE

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

815 RIVERSIDE DRIVE
TARPON SPRINGS, FL 34689

ARTICLE III SHARES

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

FIVE-HUNDRED SHARES
COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHEILA C. KILPATRICK
815 RIVERSIDE DRIVE
TARPON SPRINGS, FL 34689

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

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

SHEILA C. KILPATRICK
815 RIVERSIDE DRIVE —
TARPON SPRINGS, FL 34689

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TALLAHASSEE, FLORIDA

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

25TH day of NOVEMBER, 1997.

Sheila C. Kilpatrick
SHEILA C. KILPATRICK Signature

Signature

Signature

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: TABLE TIMES, INC.

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

SHEILA C. KILPATRICK
(Name)
815 RIVERSIDE DRIVE
(P.O. Box not acceptable)
TARPON SPRINGS, FL 34689
(City/State/Zip)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

Sheila C. Kilpatrick
(Signature)

NOVEMBER 25, 1997
(Date)