CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Signature

Requested by

Walk-In ____

Name

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	Art. of Amend. File	
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ARTICLES OF INCORPORATION OF

Baci's Italian Restaurant, Inc.

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:

Baci's Italian Restaurant, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Principal Place of Business:

Mailing Address:

18381 Pines Blvd.

a com b

619 N.W. 161st Avenue

Pembroke Pines, FL 33029

Pembroke Pines, FL 33028

Phone Number: (954) 437-5513

ARTICLE III CAPITAL STOCK

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

One Thousand Shares (1000.) at One Dollar (\$1.00) par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Anthony Busk 619 N.W. 161st Avenue Pembroke Pines, FL 33028

ARTICLE V INCORPORATOR(S)

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

President/Director Anthony Busk 619 N.W. 161st Avenue Pembroke Pines, FL 33028

The undersigned incorporator(s)	has(have) executed these	Articles of Incorporation this
day of December	. 19 97	

Signature Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: Baci's Italian Restaurant, Inc.	
2. The name and address of the registered agent and office is:	-
Anthony Busk	ارين - المارية - المارية -
(NAME) 619 N.W. 161 st Avenue	FIGHT OF OU
(P.O. BOX NOT ACCEPTABLE) Pembroke Pines, FL 33028	RPURATION AM II: 25
(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 Jany Bush