

P98000003305

January 2, 1998

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

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-01/09/98--01014--011
****122.50 ****122.50

Subject: Mayer's Restaurant Corporation

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$122.50.

FROM:

Ron Wagshol, CPA

NAME

8642 White Egret Way

ADDRESS

Lake Worth, FL 33467

CITY, STATE & ZIP

(561)357-8877

TELEPHONE NUMBER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN -9 AM 9:11

1-13-98
225

ARTICLES OF INCORPORATION

OF

Mayer's Restaurant Corporation

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

The name of the corporation shall be:

Mayer's Restaurant Corporation

ARTICLE II

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

4616 Jog Road
Greenacres, Fl. 33463

ARTICLE III

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

One thousand (1,000) shares of common stock
(classified for 1244 stock)

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Gail Mayer
234 F Foxtail Drive
Greenacres, Fl. 33415

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ARTICLE V
INCORPORATOR(S)

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

Gail Mayer
234 F Foxtail Drive
Greenacres, Fl. 33415

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 2nd day of JAN, 1998.

x Gail Mayer
Signature

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CERTIFICATION OF DESIGNATION
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, in the State of Florida.

1. The name of the corporation is:

Mayer's Restaurant Corporation

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

Gail Mayer

NAME

234 F Foxtail Drive

P.O. BOX NOT ACCEPTABLE

Greenacres, Fl. 33415

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 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 X

DATE X

Gail Mayer
1/6/98