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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: Mission Restaurants, Inc.	
(Proposed	1 corporate name - must include suffix)  30002455105-5 -03/12/9801038009 ****122.50 ****122.50
Enclosed is an origin	nal and one (1) copy of the articles of incorporation and a check for:
☐ \$70.00 Filing Fee	☐ \$78.75
	ADDITIONAL COPY REQUIRED
FROM:	P.O. Box 175  Address  Address
	Address CORRECT
	Destin, Fl 32540  City, State & Zip  (904) 837-5118
	Daytime Telephone number

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, 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: Mission Restaurants, Inc.

# ARTICLE II PRINCIPAL OFFICE

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

Business: 1234 Airport Rd., Ste. 111

Mailing: P.O. Box 175

Destin, FL 32541

Destin, FL 32540

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: -7500-

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Lamar Conerly, Jr.

1234 Airport Rd., Ste.111

Destin, FL 32541

### ARTICLE V INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Lamar Conerly, Jr.

P.O. Box 175

Destin, FL 32540

**1** 

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept services 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/Registered Agent Date