

TRANSMITTAL LETTER

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

100002542021--E
-06/01/98--01043--011
*****78.75 *****78.75

SUBJECT:

Quizno's - West Oaks, 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

ADDITIONAL COPY REQUIRED

FROM:

Barbara Jill Black

Name (Printed or typed)

6223 PASADENA Pt. Blvd South

Address

GULFPORT, FL. 33707

City, State & Zip

873.898.4700

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE FLORIDA

98 JUN -1 PM 12:32

FILED

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 adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Quiznos - West Oaks, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6223 PASADENA PT., BLVD. South
GULFPORT, FLORIDA 33707

ARTICLE III SHARES

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

60,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

6223 PASADENA PT., BLVD. South
GULFPORT, FLORIDA 33707

ARTICLE V INCORPORATOR

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

Barbara Jill Black
6223 PASADENA POINT BLVD. South
GULFPORT, FLORIDA 33707

Barbara Jill Black
Signature/Incorporator

5.27.98

Date

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

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

Barbara Jill Black
Signature/Registered Agent

5.27.98

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA