

P98000065209

TRANSMITTAL LETTER

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

100002596161--5
-07/23/98--01023--002
****210.00 ****70.00

LUCKMAN RESTAURANT CORPORATION
SPRINKLER MEDIC, INC.
SN KATZ ENTERPRISES, INC.

SUBJECT: _____
(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
X3
\$ 210.00

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: DAVID GARRICK, JR.
Name (Printed or typed)

1795 E HWY 50, STE A
Address

CLERMONT, FL 34711
City, State & Zip

(352) 243-0440
Daytime Telephone number

FILED
98 JUL 23 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

7-24-98

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:

SPRINKLER MEDIC, INC.

ARTICLE II PRINCIPAL OFFICE

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

15907 LAKE ORIENTA CT.
CLERMONT, FL 34711-8119

ARTICLE III SHARES

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

7,500 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DAVID GARRICK, JR.
1795 E. HWY 50, STE A
CLERMONT, FL 34711

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

DAVID GARRICK, JR.
1795 E. HWY 50, STE A
CLERMONT, FL 34711

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

21ST day of JULY, 19 98.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 SPRINKLER MEDIC, INC.

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

DAVID GARRICK, JR.

(NAME)

1795 E. HWY 50, STE A

(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

CLERMONT, FL 34711

(CITY/STATE/ZIP)

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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.

David Garrick Jr.
(SIGNATURE)

7/21/98

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314