# Departmer de State Division of Gorphadions P. O. Box 1317 Tallahassee, FL 32314 TRANSMITTAL LETTER 10002582501—6 -07/08/98-01026-002 \*\*\*\*\*\*78.50 \*\*\*\*\*\*78.50 \*\*\*\*\*\*78.50

Tanana5500, 1 D 52211	•	*****(13.50	<b>李孝</b>
SUBJECT: ZACHARY'S / (Proposed co	VCOR POR A TED proprate name - must include	suffix)	_
Enclosed is an original and one(1) copy of the article	es of incorporation and a	check for :	
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate	
	ADDITIONAL CO	PY REQUIRED	
FROM: EDWARD Thomas BR1668  Name (Printed or typed)			
321 22ND	Au SE	·	
SAINT PETER	sburg Fl	33705	
813 - 827 - Daytime To	-//6/ elephone number	SEQUE 1	JUL 86

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

PUPILITY OF 7 1995



# FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State



July 9, 1998

EDWARD THOMAS BRIGGS 321 22ND AVENUE SE SAINT PETERSBURG, FL 33705

SUBJECT: ZACHARY, INC. Ref. Number: W98000015607

We have received your document for ZACHARY, INC. and your check(s) totaling \$78.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Dana Calloway Document Specialist

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Letter Number: 998A00036713

### TRANSMITTAL LETTER

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

SUBJECT: REF #:W98000015607

# BEATNIX COFFEE HOUSE

I enclose an original and 2 copy(ies) of the Articles of Incorporation for the above corporation. I HAVE PREVIOUSLY SENT A CHECK FOR THE AMOUNT OF \$78.50 TOWARDS INCORPORATION. (REFER TO THE ABOVE REFERENCE #)

SIGNED:

From:

Edward Thomas Briggs

Name ---

321 22<sup>nd</sup> Avenue SE

Address

St. Petersburg

City

(727) 827-1101

Telephone Number

33705 Florida

State

Zip



# ARTICLES OF INCORPORATION OF BEATNIX COFFEE HOUSE

## ARTICLE I NAME

The name of the corporation shall be: BEATNIX COFFEE HOUSE, IUC.

ARTICLE II PRINCIPAL OFFICE

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

3000 34<sup>TH</sup> Street South
Saint Petersburg, Florida
33711

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:100 shares.

# ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Edward Thomas Briggs RN

321 22<sup>nd</sup> Avenue SE

Saint Petersburg, Florida 33705

# ARTICLE V INCORPORATOR

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

Edward Thomas Briggs RN 321 22<sup>nd</sup> Avenue SE Saint Petersburg, Florida 33705

The undersigned has executed these Articles of Incorporation this 14 day of July, 1998.

Edward Briggs RN, Incorporator

# CERTIFICATE OF DESIGNATION 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:

  BEATNIX COFFEE HOUSE, INC.
- 2. The name and address of the registered agent and office is:
  Edward Thomas Briggs RN

321 22<sup>nd</sup> Avenue SE

St. Petersburg, Fl 33705-

Signature:

Title: President

Date: July 14, 1998

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:

Date: July 14, 1998

98 JUL 27 AH II: 28
SECRETARY CO SIMIE
ASSEE FLORIDA