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TRANSMITTAL LETTER

FILED

99 SEP 27 AM 9: 16

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200002997202--1
-09/27/99--01051--009
*****78.75 *****78.75

SUBJECT: RESTAURANT INSTITUTE, 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: PETER R. SCOTT
Name (Printed or typed)

8604 CHICORY COURT
Address

ORLANDO, FLORIDA 32825
City, State & Zip

407-658-7760 or 407-896-9618
Daytime Telephone number

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

PH 9/29/99

**Articles of Incorporation
for
Restaurant Institute, Inc.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article 1

The name of the Corporation shall be Restaurant Institute, Inc.

Article 2

The principal place of business and mailing address is 8604 Chicory Court, Orlando Florida 32825.

Article 3

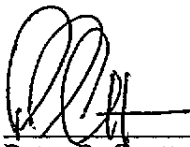
The number of shares of stock that the Corporation is authorized to have outstanding at any one time is ten million shares (10,000,000) of common stock.

Article 4

The Registered Agent for the Corporation is Edwin Koziol whose business and mailing address is 8604 Chicory Court, Orlando Florida 32825.

Article 5

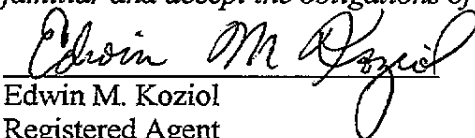
The Incorporator is Peter R. Scott whose business address is 8604 Chicory Court, Orlando, Florida 32825.



Peter R. Scott
Incorporator

AUGUST 10, 1999
Date

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 further familiar and accept the obligations of my position as registered agent.



Edwin M. Koziol
Registered Agent

8-10-99
Date