

P130000 7779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

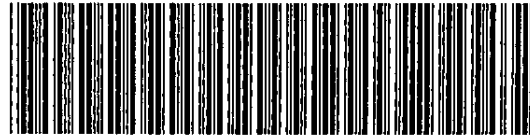
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/16/13--01042--005 \*\*70.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 16 AM 8:09

*Handwritten signature and date: 9-25-13*

COVER LETTER

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

SUBJECT: Sherry's Diner Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Sherry King Bates  
Name (Printed or typed)  
3233 Kennesaw Ct  
Address  
Orlando, Fla 32826  
City, State & Zip  
407-719-8243  
Daytime Telephone number  
Rbates27@bellSouth.net  
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Sherry's Diner Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3233 Kennesaw Ct  
Orlando Fla 32826

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To administer to a  
Resturant.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sherry King Bates President

Address: 3233 Kennesaw Ct  
Orl Fl 32826  
407-719-8243

Name and Title: Richard Bates Sr. VP

Address: 3233 Kennesaw Ct  
Orlando Fl 32826  
321-689-6333

Name and Title: Cheryl Twilous

Address: 1017 Palos Verde  
Orlando 32825  
407-496-0679

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 16 AM 8:00

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Sherry King Bates  
 Address: 3233 Kennesaw Ct  
Orl Fl 32826

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sherry King Bates  
 Address: 3233 Kennesaw Ct  
Orl Fl 32826

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Sherry King Bates 9/14/13  
 Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Sherry King Bates 9/14/13  
 Required Signature/Incorporator Date