

TRANSMITTAL LETTER

PO10000000142

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

SUBJECT: LUPE KINLEY QWIKMART, INC.
(Proposed corporate name - must include suffix)

700003511097--5
-12/22/00--011006--025
***18.75 ***18.75

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: Dr. Lupe L. Kinley
Name (Printed or typed)

428 Golf Blvd,
Address

Daytona Beach, FL 32118
City, State & Zip

(904) 248-2064
Daytime Telephone number

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

2-01

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:

LUPE KINLEY QWIKMART, INC.

ARTICLE II PRINCIPAL OFFICE

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

962 MILLARD COURT
DAYTONA BEACH, FL 32117

ARTICLE III SHARES

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

ONE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DR. BETTIE F. BAILEY
962 MILLARD COURT
DAYTONA BEACH, FL 32117

ARTICLE V INCORPORATOR

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

DR. LUPE L. KINLEY
428 GOLF BLVD.
DAYTONA BEACH, FL 32118

Dr. Lupe L. Kinley

Signature/Incorporator

DECEMBER 17, 2000

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

Dr. Bettie F. Bailey

Signature/Registered Agent

DECEMBER 17, 2000

Date