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SECRETARY OF STATE ALL THE SECRETARY OF STATE AL

F. CHARGE MAR T. A.

#### TRANSMITTAL LETTER

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

SUBJECT:	TROPICAL KIT			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
England are an ari	ainel and one (1) convert he art	islas of incorporation and	la shaak for	
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	га сцеск юг.	
\$70.00	<b>\$78.75</b>	□ \$78.75	□ \$87.50	
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ORLANDO, FL 32833 City, State & Zip				
	City,	, state of zip		
	1500			
	40) J	681495.		
Daytime Telephone number				

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: TROPICAL KITCHEN INC

#### ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2715 DELCREST DR ORLANDO, FL 31817 ARTICLE III PURPOSE

The number of shares of stock is: 100

ARTICLE IV

The purpose for which the corporation is organized is: RETAIL FOOD SALES

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): 3342 ARCHER AVE

JEFFREY DANIELS - PRESIDENT ORLANDO, FL 32833

### REGISTERED AGENT The name and Florida street address of the registered agent is: JANET THAKOORPERSAD 3342 SPECHERAVE ORLANDO, FL 32833

ARTICLE VII INCÓRPORATOR The name and address of the Incorporator is: VEEREY DANIELS 33 41 ARCHER AVE ORCANDO, EL 32833

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

con my councy a min familian from and accordence appointment as required to	agon whit agree to act in this captically
Signature/Registered Agent	3/6/63
Signature/Registered Agent	Date
Signature Incorporator	03/0/0/03
Signature/Incorporator	Date
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