TRANSMITTAL LETTER 1000005/

99 DEC 23' AM 9: 04
TALLAHASSEE, FLORIDA

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

000003079210--5 -12/23/99--01045-013 *****78.75 *****78.75

SUBJECT: Lunchies Island, 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	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	& Certificate of Status	& Certified Copy	& Certificate of	
			Status	
ADDITIONAL COPY REQUIRED				
FROM: Taheera Mills Name (Printed or typed)				
7844 Gregory Dr Apt 0203				
Jacksonville Florida 300-10 City, State & Zip				
9043/70909 Daytime Telephone number				

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

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. The name of the corporation shall be: LCNCKIES ISLAND ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: _ _ 1 #182 FACK SONVILLE, FK. 32210 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: DUE THOUSAND Jacksonville, fl. 32244 INITIAL REGISTERED AGENT AND STREET ADDRI The name and Florida street address of the initial registered agent are: INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:

(An additional article must be added if an effective date is requested.)

Signature/Incorporator

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 canacity. I further acres to comply with the
provisions of all statutes relating to the proper and complete performan	ice of my duties, and I am familiar with and accept the
obligations of my position as registered agent	2 200
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Signature/Registered Agent	Date