## POCOCO I OS 9 (0)

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

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SUBJECT:	ANNA MARIA IS (Proposed corpor	SLAND CoFFEE ate name - must include suffi	COMPANY X)	<del></del>	
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  ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED		
FROM: Robert Termini Name (Printed or typed)					
412 BAY PAIMS DR					
Holmes Beach FL 34217  City, State & Zip  ON WEST AND STATE OF THE STA					

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

727-385-3824 Daytime Telephone number

J21100

ARTICLES OF INCORPORATION	311
ARTICLES OF INCORPORATION  The undersigned incorporator, for the purpose of forming a corporation Business Corporation Act, hereby adopts the following Articles of Inco  ARTICLE I NAME	n under the Floriday JAN 26 PM 12
'I'be name at the componetion shall be:	•
ANNA MARTA ISLAND COFFEE	Company
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corpor  4/2 BRY PRINCIPAL OFFICE  Holmes Beach Florina 34217	ation shall be:
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to	o have outstanding at any one time is:
1000	o mano outstanding at any one anno 16.
The name and Florida street address of the initial registered agent  Robert Termini  412 Bay Palas DA  Holmes Beach PC 34217  ARTICLE V INCORPORATOR  The name and address of the incorporator to these Articles of Inc  Robert Termini  412 Bay Palms DA  Holmes Beach PC 34217  Signature/Incorporator	are:
(An additional article must be added if an eff	fective date is requested.)
Having been named as registered agent and to accept service of process for the this certificate, I hereby accept the appointment as registered agent and agree the provisions of all statutes relating to the proper and complete performance obligations of my position as registered agent	to act in this capacity. I further agree to comply with of my duties, and I am familiar with and accept the
Signature/Registered Agent	1/20/2000
· • · · · · · · · · · · · · · · · · · ·	NAME.