TRANSMITTAL LETTER

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

SUBJECT:

Azalea

(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

xxxxx78.75

Filing Fee

Filing Fee

& Certificate

□\$122.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

\$131.25

& Certificate

ADDITIONAL COPY REQUIRED

FROM: _Gabe Aslan

Name (Printed or typed)

929 72nd St N

Address

St Pete., Florida 33710

City, State & Zip

(727)-384-1183

Daytime Telephone number

S. Thompson MAY 2 3 2000

NO COPY

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.

ARTICLE I NAME

The name of the corporation shall be:

Azalea Food Mart, Inc.



ARTICLE II PRINCIPAL OFFICE

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

929 72nd St N St Pete., Florida 33710

ARTICLE III SHARES

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

1,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Gabe Aslan 929 72nd St N St Pete., Fl 33710

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Gabe Aslan 929 72nd St N St Pete., Fl 33710

Signature/Incorporator

5-15- 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 statisfies 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

Signature/Registered Agent

Date

5-15-2000