

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE, INC

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 112

(Address)

CORAL GABLES, FL 33134 (305)444-4994

(City, State, Zip)

(Phone #)

600003274546--9

-06/02/00--01013--026

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. FOOD ZONE # 619 INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |

RECEIVED  
00 JUN -2 AM 10:23  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
00 JUN -2 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

The undersigned, acting as Incorporator of a Corporation under the Florida General Corporation Act, adopts the following Article of Incorporation for such Corporation:

1. NAME: The name of the Corporation is FOOD ZONE #619 INC.
2. DURATION: The period of its duration is perpetual.
3. PURPOSE: The purpose is to engage in any activities of business permitted under the laws of the United States of America and the State of Florida.
4. CAPITAL STOCK: The corporation is authorized to issue 1000 shares at \$1.00 par value.
5. INITIAL REGISTERED OFFICE AND AGENT: The name and address of the initial Registered Agent and Office are as follows:  
Registered Agent: JAMAL SHAER  
Office Address: FOOD ZONE #619 INC.  
11384 S.W. 184 ST.  
MIAMI FLORIDA 33157
6. INITIAL BOARD OF DIRECTORS: The initial Board of Directors shall be comprised of ONE Director(s) initially. The number of Directors may be either increased or decreased from time to time by an amendment of the Bylaws of the Corporation in the manner provided by law, but shall never be less than ONE (1). The name and address of the initial Director(s) of this Corporation is/are:

(1) JAMAL SHAER  
11384 S.W. 184 ST.  
MIAMI FLORIDA 33157

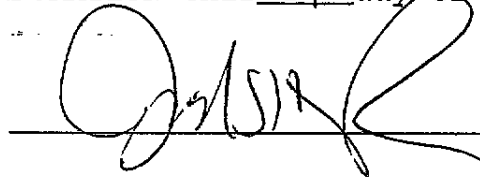
ARTICLE OF INCORPORATION  
(continued)

7. INCORPORATOR: The name and address of the Incorporator signing these Article of Incorporation is:

JAMAL SHAER  
11384 S.W. 184 ST.  
MIAMI FLORIDA 33157

8. DATE OF INCORPORATION: The formation of the Corporation shall be effective as of the date of execution and acknowledgment hereof or as soon as possible after the date of execution and acknowledgment hereof.

IN WITNESS WHEREOF, the undersigned incorporator has executed these ARTICLE OF INCORPORATION this 01 day of JUNE 20 00

A handwritten signature in black ink, appearing to read 'J. Shaer', is written over a horizontal line.

CERTIFICATE DESIGNATING REGISTERED OFFICE FOR  
SERVICE OF PROCESS WITHIN THE STATE OF  
FLORIDA, AND NAMING THE REGISTERED AGENT  
UPON WHOM PROCESS MAY BE SERVED.

In compliance with section 48.091 and 607.034, Florida Statutes (1979), the following is submitted.

1. That FOOD ZONE #619 INC.  
desiring to qualify under the laws of the State of  
Florida, with its principal place of business at  
11384 S.W. 184 ST. MIAMI FL 33157 has  
appointed JAMAL SHAER as its Registered  
Agent to accept service of process within the  
state of Florida.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above named Corporation at the place designated above, I DO HEREBY AGREE TO ACT in this capacity and agree to comply with the provisions of all the Statutes relative to the proper and complete performance of my duties.

Dated this 01 day of JUNE, 2000

  
\_\_\_\_\_  
REGISTERED AGENT

**FILED**  
00 JUN -2 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA