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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Examiner's Initials

00 JUL -7 PM 12: 21

MIAMI, FLORIDA (305)552-5973 (City, State, Zip) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) → Walk in # Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status , NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report **Foreign** Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

CR2E031(9/92)

ARTICLES OF INCORPORATION

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following SECRETARY OF STATE TALLAHASSEE, FLORIDA Articles of Incorporation.

ARTICLE I – N<u>AME</u>

The name of the corporation shall be:

BEST CREPES INC.

ARTICLE II - PRINCIPAL OFFICE

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

18402 SW 87 PLACE miami, FLORIDA 33157

ARTICLE III -SHARES

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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Christopher HOFFMAN 18402 5W 87 PLACE

FLORIDA. 3315

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<u>ARTICLE V – INCORPORATOR</u>

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The name(s) and street address of the incorporator to these Articles of Incorporation is(are):

(hristopher Hoffman)
18402 SW 87 PLACE
MIAMI, FLORIDA 33157

The undersigned incorporator has executed these Articles of Incorporation this day of TOLY 2000

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Christopher HOFFMAN PRESIDENT 18402 SW 87 PLACE MiAMI, FLORIDA 3315

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent