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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

SKYLINE FOOD & OIL CO.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 14, 2000

FAS-T CORP. AGENTS, INC.

SUBJECT: SKYLINE FOOD & OIL CO.
REF: W00000019927

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE ADD THE REGISTERED AGENTS NAME TO ARTICLE VI.

If you have any further questions concerning your document, please call (850) 487-6919.

Beth Register
Corporate Specialist Supervisor

FAX Aud. #: H00000042349
Letter Number: 600A00043534

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SKYLINE FOOD & OIL CO.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3055 NW SOUTH RIVER DRIVE
MIAMI, FLORIDA 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO RETAL FOOD AND CRASSOLINE
PRODUCT.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES @ \$1.00 PAR VALUE.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

MOHAMED M. HASSAN

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MOHAMED M. HASSAN. 9648 NW 7 CIRCLE #1934
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MOHAMED M. HASSAN
9648 NW 7 CIRCLE #1934
PLANTATION, FL 33324

Having been named as registered agent to accept service of process for the above stated corporation at the place designated to this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

08-09-2000
Date

Signature/Incorporator

08-09-2000
Date

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TALLAHASSEE, FLORIDA