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Requestor's Name

Address

City State ZIP Phone

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CORPORATION(S) NAME

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Verifier

Acknowladgment

W.P. Verifier

	ARTIC	CLES OF INC	ORPOR.	ATION /	
		of		00 00	1-4 PM 1:44 SSFC ST
MEGA 1	MEALS		٧C٠	TALLANA	SSEE FLORING
		(name of corpo			FLOGIE
The undersigned subscribe corporation under the laws	r(s) to these Artic of the State of F	cles of Incorporation, (orida.	natural pers	son(s) competent to con	tract, hereby form a
		ARTICLE I - CORPO	ORATE NAM	1E	
The name of the corporation		MEALS	I	INC.	
				· -	•
		ARTICLE II - D	URATION		
This corporation shall exis	st perpetually unle	ess dissolved accordi	ng to Florid	a law.	
		ARTICLÉ III - F	PURPOSÉ		
The corporation is organic United States and the States	zed for the purpos te of Florida.	se of engaging in any	activities of	r business permitted unc	ler the laws of the
		ARTICLE IV- CAP	PITAL STOC	:K	
The corporation is author Dollar(s) (\$ 1.00	ized to issue par value (100 Common Stock, whic	_shares (h shall be de) of Ore esignated "Common Sha	DO/IN- ares".
	ARTICLE V	· INITIAL REGISTE	RED OFFI	CE AND AGENT	
The street address of the	Initial Registered	Agent office and the	name of the	e Initial Registered Age	nt at that office is:
NAME Phonol	a Schn				
ADDRESS 1192-6	pw	54 Mace	_		
CITY and	Mores		FLORIDA	l .	ZIP <i>330%</i>
The principal office, if k	nown, or the mail	ing address of the co	poration is:		
NAME MEGA	MEALS	I INC			
ADDRESS 11926		54 PL			
CITY PARK	SPRINGS		FLORIDA	Α .	ZIP 33076

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have	() directors initially. The number	
	by the By-Laws, but shall never be less than one (1). The names and addresses
of the initial director(s) of the corporation a	re as follows:	
01.11		
NAME KAONDE JOHN	<i>i</i>	
ADDRESS 11926 NW 54	Place	
CITY CON SPRINGS	STATE FL.	ZIP 33067
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP

	ARTICLE VI I - INCORPORATORS	
The names and addresses of the incorporate	ors signing these Articles of Incorporation are as fo	ollows:
012		
NAME REDONAL JOHN	1	
ADDRESS 1/926 NN 54	flace	
CITY Caral Springs	Pt. 3 STATE PL	ZIP 33067
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
сту	STATE	ZIP
	.•	
IN WITNESS WHEREOF the undersigned	I subscriber(s) have executed these Articles of Inco	
day of 10/2 19 2000	- subscriber(s) have executed these Afficies of McC	inportation this
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		(Seal)
		(Seal)

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF



Alga	neals I Inc.		
	(name of corporation)		

Pursuant to Flor da Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 11926	NW 540	Noce	
aral	Springe	PL. 33076	
has named	Rhonda	Sehner	_
located at the a	foresaid address, as its Res	gistered Agent to accept service	ce of process within
this state.			

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)