

TRANSMITTAL LETTER

PO00000100386

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

200003438062--4
-10/24/00--01094--006
*****78.75 *****78.75

SUBJECT: CRUNCH ACQUISITION CORP.
(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: JONATHAN LEINWAND
Name (Printed or typed)

3370 NE 190th ST #1805
Address

AVENTURA FL 33180
City, State & Zip

305-937-3062
Daytime Telephone number

FILED
00 OCT 24 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

Feb 10/25

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 Crunch Acquisition Corp.

ARTICLE II. PRINCIPAL OFFICE

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

3370 NE 190th Street
Suite 1805
Aventura, Florida 33180

ARTICLE III. SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

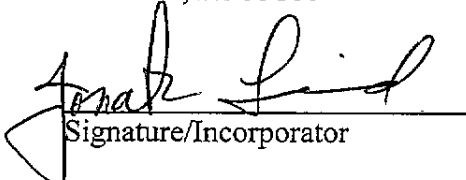
The name and Florida street address of the initial registered agent are:

Jonathan D. Leinwand, Esq.
Jonathan D. Leinwand, P.A.
3370 NE 190th Street
Suite 1805
Aventura, FL 33180

ARTICLE V. INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

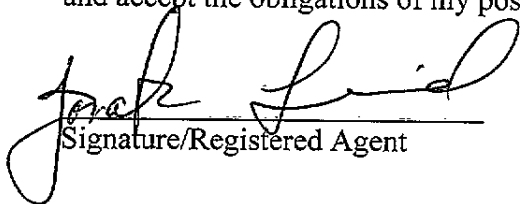
Jonathan D. Leinwand, Esq.
Jonathan D. Leinwand, P.A.
3370 NE 190th Street, Suite 1805
Aventura, FL 33180


Signature/Incorporator

10/23/00
Date

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TALLAHASSEE, FLORIDA

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 statutes 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

10/23/00
Date

FILED
00 OCT 24 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA