

OFFICE USE ONLY (continued)

POW 107591

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

700003468517--5--
-11/17/00--01043--011
*****78.75 *****78.75

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

1. MENDOZA & THOMAS CORPORATION
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ 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/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 NOV 17 AM 11:09

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV 17 PM 12:36

FILED

Examiner's Initials

ARTICLES OF INCORPORATION FOR:
MENDOZA & THOMAS CORPORATION

The undersigned, acting as incorporators of a corporation pursuant to chapter 617 and/or Chapter 621, F.S. (Profit), Florida Statutes, adopt the following Articles of Incorporation:

ARTICLE I
NAME

The name of the corporation shall be:

MENDOZA & THOMAS CORPORATION

ARTICLE II
PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business/ mailing address is:

94 SW 81 Avenue
Miami, FL 33144

ARTICLE III
PURPOSES

The purpose for which the corporation is organized is:
Retail Gourmet Yogurt and Ice Cream.

ARTICLE IV
INITIAL STOCK OFFERING

The initial stock offering of the Corporation will be 500 shares with a \$1 value

ARTICLE V
INITIAL OFFICERS/DIRECTORS

The name (s) and address(es):

President: Aileen M. Mendoza
Vice-President: Marques M. Thomas

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TALLAHASSEE FLORIDA

ARTICLE VI
INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Aileen M. Mendoza
94 SW 81 Avenue
Miami, FL. 33144

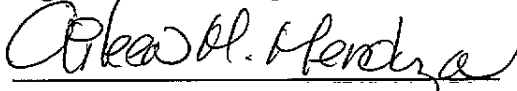
ARTICLE VII
INCORPORATORS

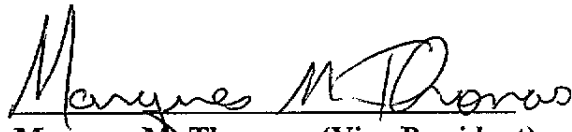
The names and address of the incorporators for these Articles of Incorporation are:

Aileen M. Mendoza -	94 SW 81 Avenue, Miami, FL. 33144
Marques M. Thomas -	94 SW 81 Avenue, Miami, FL. 33144

The undersigned incorporators have executed these Articles of Incorporation this
11th. day of November, 2000.

Signatures of Incorporators:


Aileen M. Mendoza (President)


Marques M. Thomas (Vice-President)

ARTICLES OF INCORPORATION FILING FEE \$35

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1- The name of the corporation is: **Mendoza & Thomas Corporation**

2- The name and address of the registered agent and office is:

Aileen M. Mendoza
(NAME)

94 SW 81 AVENUE
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33144
(CITY/STATE/ZIP)

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 Date

REGISTERED AGENT FILING FEE: \$35.00

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00 NOV 17 PM 12:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA