POLOOOO 14325 TRANSMITTAL LETTER

(Proposed corporate name - must include suffix)

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

000003656120--7 -02/07/01--01072--005 *****70.00 ******70.00

Enclo for :	sed is an origina \$70.00 Filing Fee	l and one (1) co \$78.75 Filing Fee & Certificate	py of the articles of incorporation a \$122.50 \$131.25 Filing Fee Filing Fee, & Certified Copy Certified Copy	and a check		
			& Certificate Additional Copy Required			
	FROM:	John Name	(printed or typed)	Income TAL		
			NO. PINC. ISLA. Address	nd Fd		
		PlAN Cit	HA Fron, FL 333 ty, State & Zip	220_		
		9.	934-370-7951			
		Daytime	e Telephone number	-7 PM 4: 00 ARY OF STATE ASSEE FLORIDA		

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

9/2/7

ARTICLES OF INCORPORATION

coxiac of	of Mil Tuc
(name	of corporation)
	rporation, natural person(s) competent to contract, hereby form a
ARTICLE I -	CORPORATE NAME
The name of the corporation is: COOKIES PLION	city Mail INC. AFEB T
ADTICLE	E II - DURATION
This corporation shall exist perpetually unless dissolv	
	Ex #
United States and the State of Florida.	ing in any activities or business permitted under the laws of the
ARTICLE IV	- CAPITAL STOCK
The corporation is authorized to issue ONC TWO	USANG shares (1,000) of COMMON STACK
	on Stock, which shall be designated "Common Shares."
	GISTERED OFFICE AND AGENT
The principal office, if known, or the mailing adress	
NAME CHARLES SPANAM	or the corporation is.
ADDRESS 13910 OAK FIDER	BRIVE.
7113	
	- FLORIDA ZIP 33325
The name and street address of the Initial Registered	Agent of this Corporation is:
NAME CHARLES SPADA	4R0-
ADDRESS /3910 OAK KISGE	e DRIVE
CITY DAVIE	FLORIDA ZIP 33325
ARTICLE VI - INITIA	L BOARD OF DIRECTORS
This corporation shall have The (3 increased or diminished from time to time by the By-I addresses of the initial director(s) of the corporation a) directors initially. The number of directors may be either Laws, but shall never be less than one (1). The names and are as follows:
NAME CHARLES SPADARO	······································
	<u> </u>
ADDRESS 13910 OAK RIDGE	SRIVE
	0,10
ADDRESS 13910 OAK RIDGE	SRIVE - STATE FL ZIP 3325
ADDRESS 13910 OAK RIDGE CITY DAVIE	- STATE FC ZIP 3-3325
ADDRESS 13910 OAK RIDGE CITY DAVIE NAME RITA - COLON	- STATE FL ZIP 3 = 3325
ADDRESS 13910 OAK RIDGE CITY DAVIE NAME RITA _ COLON ADDRESS 10580 S.W.	- STATE FC ZIP 3-3325
ADDRESS 13910 OAK RIDGE CITY DAVIE NAME RITA _ COLON ADDRESS 10580 S.W. CITY MIAM;	- STATE FL ZIP 3-3325

PAGE 1

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ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

The throughout the transfer of	rators signing these Articles of Incorporation	are as follows:
NAME CHARLES	SPADARO	
ADDRESS 13910 . K	DAK RISGE DRIVE	0
crry DAVIE	STATE FC	2 2 2 2
NAME	SIAIE / C	ZIP
ADDRESS		
CITY		
VAME	STATE	ZIP
ADDRESS		
TTY	- 1	
	STATE	ZIP
day of Flbman, 2000.	subscriber(s) have executed these Articles of	ncorporation this 2
		(Sea
		(004
		(Sea
	·	(Seal
CON L PROP. C. P. L. P.		•
STATE OF FLORIDA)	
COUNTY OF BROWARD	SS 	
efore me, a Notary Public authorized to take ppeared:	acknowledgments in the State and County s	et forth above, personally
Signature	_ SNOWN TO M	<u>1e) </u>
	Form of Identific	ation
Signature	<u> </u>	
	Form of Identific	ation —
Signature	<u> </u>	-
town to me and known to be the nercon(s)	Form of Identifica	ition
nown to me and known to be the person(s) who exe thatexecuted these Articles of the person as indicated opposite each name	ecuted the foregoing Articles of Incorporation, of Incorporation, that I relied upon the formof it, and that an oath (was)(was not) taken.	who acknowledged before dentification of the above
NOTARY RUBBER STAMP SEAL	Witness my hand and official seal in the Cour	ity and State last of annual
John Uustal		IN 2000
MY COMMISSION # CC741999 EXPIRES June 10, 2002	_ In Muss	
BONDED THRU TROY FAIN INSURANCE, INC.	Notary Signature	/
	- Juliu /	1 U STAC

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

	OF .	
Cookies	S Priority Mail, INC (name/of corporation)	
	(name/of corporation)	
Pursuant to Flori	da Statutes Sections 48.091 and 607.0501, the following	; is subn
The above corpor	ration, desiring to organize under the laws of the State of	f Florid
its registered off	ice as indicated in the Articles of Incorporation	. (
at/	13910 OAK KIDGE	DN1
	DAVIE , FC 333	25
has named	Charles - SpASARO	
located at the afo	resaid address, as its Registered Agent to accept servi	ce of pr
within this state.		
	ACKNOWLEDGEMENT	
Having been nam	ed as Registered Agent to accept service of process f	or the
	at the place designated in this certificate, and being	
	that position, I hereby accept to act in this capacity,	
	provisions of Florida Law in keeping open said office	_