

TRANSMITTAL LETTER

**P010000015925**

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

SUBJECT:

M.B. Enterprises of Tampa, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500003674325--5  
-02/12/01--01095--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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:

Marc Blairwes

Name (Printed or typed)

3921 Dunaire Dr

Address

Valrico FL 33594

City, State & Zip

813-368-5355

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 FEB 12 AM 8:49

FILED

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

✓ T. Burch FEB 13 2001

# 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: *M.B. Enterprises of Tampa, Inc.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*3501 Bell Shoals Dr.  
Valrico FL 33594*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Deli - Food Service*

## ARTICLE IV SHARES

The number of shares of stock is:

*10,000*

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

*President - Michelle Blaiwes  
3921 Dunaire Dr  
Valrico FL 33594*

*Secretary/Treasurer - Marc Blaiwes  
3921 Dunaire Dr  
Valrico FL 33594*

## ARTICLE VI REGISTERED AGENT

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

*Marc Blaiwes  
3921 Dunaire Dr  
Valrico FL 33594*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Marc Blaiwes  
3921 Dunaire Dr  
Valrico FL 33594*

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

*[Signature]*  
\_\_\_\_\_  
Signature/Registered Agent

*2/7/01*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*2/7/01*  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA