DOOD TRANSMITTEL LETTER

Mosto ticono

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

01 MAR 26 PH 12: 05

SECRETARY OF STATE TALLAHASSEE FLORIDA

| SUBJECT: / | VICAIS EXI | ⟨ | | |
|-------------------------|------------------------------------|-----------------------------------|------------------|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | |
| | | <u> </u> | oogsabat | |
| | | i kayara | *****78.75 | |
| | | The grand was agreed to the grand | Amadeba (194 I 9 | |
| Enclosed is an origin | nal and one(1) copy of the article | es of incorporation and a | check for : | |
| □ \$70.00 | ₩ \$78.75 | D 650.55 | | |
| Filing Fee | / \ | \$78.75 | \$87.50 | |
| rung ree | Filing Fee | Filing Fee | Filing Fee, | |
| | & Certificate of Status | & Certified Copy | Certified Copy | |
| | | | & Certificate of | |
| | | | Status | |
| | | ADDITIONAL CO | PY REQUIRED | |
| | | | | |
| FROM: YONALD CASTANEDA | | | | |
| Name (Printed or typed) | | | | |
| 4150 NE 16 AVE | | | | |
| | ROMLANO | BCH 33 | 064 | |
| | City, S | State & Zip | | |
| | (954) 8 | 16-008 | 3 | |

3/30/01 9.40 Called Left message

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

Daytime Telephone number

| ARTICLES OF INCORPORATION | |
|---|--|
| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | 2500 D G (1977) |
| ARTICLE I NAME | FILED |
| The name of the corporation shall be: | v |
| MEATS EXPRESS CO. | 01 MAR 26 PM 12: 06 |
| MERIO | SECRETARY OF STATE SALLAHASSEE FLORIDA |
| ARTICLE II PRINCIPAL OFFICE | - CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR ADDRESS OF THE CONT |
| The principal place of business/mailing address is: | |
| POMPANO BCH, FL. 33064 | · · |
| ARTICLE III PURPOSE | • |
| The purpose for which the corporation is organized is: | |
| to OPEN A MEAT BUSINESS (A PROFIT CORPORATION) | •• |
| ARTICLE IV SHARES | <u>:</u> |
| The number of shares of stock is: | • |
| 10 | |
| ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) | |
| The name(s) and address(as): | ; ; |
| KONA(D CASIANEDA | |
| KONALD CASLANEDA 4150 NE 16 AVE | |
| POMPANO BCh, 33064 | |
| | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: | · · · · · · · · · · · · · · · · · · · |
| RONALD CASTANEDA | |
| 4150 NELGAVE | - - |
| POMPANO BOU, FC33064 | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| RONALD CASTANEDA | |
| POMPANOBON, FL 33064 | |
| | ********* |
| Having been named as registered agent to accept service of process for the above stated col | rporation at the place designated in this |
| certificate, I am familiar with and accept the appointment as registered agent and agree to a | et in this capacity |
| 7\\Q\\\d\\\\\ | 3-15-01 |
| Signature/Registered Agent | Date |
| 48 1011/2A | 3-15-01 |
| Signature/Incorporators + -> | |
| Signature/Incorporator RONALD CASTANEDA | Date |