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

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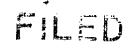
SUBJECT:	The	Greek Corner	
		(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	_

Enclosed is an original	al and one(1) copy of the article	es of incorporation and a	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Todd A	Farkas inted or typed)	
	4816 Mile.	Stretch Alga	Drive
	^ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 34690 State & Zip	2001 855 ALL
	(727) 934-28 Daytime Te	elephone number	APR 13 PM 3: ALL FROM STANASSEF FLORE
			: 25 RIDA

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

8/4/17/01

ARTICLES OF INCORPORATION



2001 APR 13 PM 3: 26

The undersigned incorporator, for the purpose of forming a corporation under the Floridation Laky of STATE Business Corporation Act, hereby adopt the following Articles of Incorporation.

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ARTICLE I - NAME

The name of the corporation shall be:

The Greek Corner, Inc.

ARTICLE II - NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III - DURATION

This corporation shall have perpetual existence.

ARTICLE IV - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is (1000) one thousand shares of one dollar (\$1.00) par value common stock, which shall be designated "COMMON STOCK".

ARTICLE V - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Todd Farkas 4816 Mile Stretch Drive Holiday, FL 34690

The Street Address is:

4816 Mile Stretch Drive Holiday, FL 34690

ARTICLE VI - INCORPORATORS

The name and street address of the incorporator to these Article of Incorporation is:

Todd Farkas 4816 Mile Stretch Drive Holiday, FL 34690

ARTICLE VII - INDEMNIFICATION

This corporation shall indemnify any officer or director, or any former officer or director to the full extent permitted by law.

The undersigned incorporator has executed these Article of Incorporation this 9th day of April 2001.

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / RESISTERED OFFICE

Pursuant to the provisions of section 607.0501 or 617.0501, Florida statues the undersigned corporation, organized under the laws of the state of Florida, submits the following statement is designating the registered office / registered agent, in the state of Florida.

1	The name of the corporation is:
1.	The flattle of the corporation is.

The Greek Corner, Inc.

2. __The name and address of the registered agent and office is:

Todd Farkas 4816 Mile Stretch Drive Holiday, FL 34690 2001 APR 13 PM 3: 26
SECRE ZARY UF STATE

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.

Signatyre/Registered Agent

Signature/Incorporator

/Date