# P0/00005348/

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

APPROVED AND FILED UI MAY 31 PM 12: 57 SECRETARY OF STATE

SUBJECT: Humzeins Governet Coffee Jours e Jacobs (Proposed corporate name - must include suffix)

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

S78.75

Filing Fee

& Certified Copy

**3** \$87.50

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

PROM: Robert Lyons
Name (Printed or typed)

9403 N Harmania 1800

Address

City, State & Zip

Daytime Telephone number

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

905/31 VW

### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida APPROVEL Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE 1 NAME

The name of the corporation shall be: Ammerida Gourmet Coffee House, Inc. OI MAY 31 PM 12 57

### ARTICLE 11 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: Abdul E. Merida
2530 Regal River Rd.
VALRICO, Florida 33594

# ARTICLE 111 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 50 Shares of common stock @ \$ 10.00 per share

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address: Robert Lyons 9403 N. Armenia Ave. Tampa, Florida 33612

# ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of incorporation are:

Abdul E. Merida 2530 Regal River Rd. VALRICO, Florida 335946

Signature/Incorporator

5-25-01

Date

(An additional article must be added if an affective date is requested)

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 status 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/Registered Agent

Date