TRANSMITTAL LETTER Department of State

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

700004439357--C -06/25/01--01104--012 *****87.50 *****87.50

SUBJECT: THE HAMMOCK BAR GRIVE & LIQUOR STORE (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an origin	al and one(1) copy of the artic	cles 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: THE HAMMOCK BAR, GRITLE & LIQUOR STORE

Name (Printed or typed)

15565 SW WARFIELD BLVD

Address

Tradian Town FL 34956

City, State & Zip

Town FELD TOWN FELD

561 597-5566 STATE Daytime Telephone number

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

505 W01-14906

A Tholas



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

FILED

2001 JUL 17 PM 2:58

SECRETARY OF STATE TALLAHASSEE FLORIDA

June 27, 2001

THE HAMMOCK BAR, GRILLE & LIQUOR STORE 15565 SW WARFIELD BOULEVARD INDIANTOWN, FL 34956

SUBJECT: THE HAMMOCK BAR, GRILLE & LIQUOR STORE

Ref. Number: W01000014906

We have received your document for THE HAMMOCK BAR, GRILLE & LIQUOR STORE. However, the document has not been filed and is being returned for the following:

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6052.

Claretha Golden Document Specialist New Filings Section

Letter Number: 501A00038780

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:	
THE HAMMOCK BAR, GRIVE & LIGH	IOR STORE, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 15565 SW WARFIELD BLVD TNdIAN TOWN, FL 34756 JY ARTICLE III PURPOSE	ailing address: 0.80x 1000 ndiantown, Pl 34950
The purpose for which the corporation is organized is: To SALE & PREPARE FOOD AND A LOOP	HOLIC BEVERAGES
ARTICLE IV SHARES The number of shares of stock is: 1000 SHARES - Common STOCK / 1000 S	HARES-PREFERED
ARTICLE V INITIAL OFFICERS DIRECTORS (optional The name(s) and address(es): PUBEN DELCAMPO - PRESIDENT JOSE MARTINE Z - VICE PRESIDENT,	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: PUBEN DEL CAMPO	2001 JUL 17 SECRETAR TALLAHASS
15565 SW WARFIELD BLUD INDIANTOWN, FLORIDA 34956	FEFLOR S
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: PUBEN DEL CAMAO 29721 SW ALLEN ST OKEECHOBEE, FL 34974-9747	RIDA 80 E
**************************************	**********
Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and ag	ated corporation at the place designated in this
(Ni len Da) CAMINO	6-22-01
Signature/Registered Agent	Date
Rulen Del cAmpo	6-22-01
Signature/Incorporator	Date