



HOLCHER & COMPANY, P.A.
Certified Public Accountants and Personal Financial Specialists
AND AFFILIATED COMPANIES

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P01000082143

August 1, 2001

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

800004539728--0
-08/17/01--01031--016
*****78.75 *****78.75

Re: Sweetreats of Naples, Inc.

To Whom It May Concern:

Enclosed herewith please find the Articles of Incorporation for Sweetreats of Naples, Inc.

Also enclosed is a check in the amount of \$78.75 representing Filing Fees, Registered Agent Designation and Certified Copy fees.

Thank you for your assistance.

Sincerely,

HOLCHER & COMPANY

Max Holcher/sg

Max A. Holcher
Partner

MAH/sg

Enclosures as Stated

FILED
01 AUG 17 AM 10: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN AUG 21 2001

**ARTICLES OF INCORPORATION FOR
SWEETREATS OF NAPLES, INC.**

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

ARTICLE I

Name of the corporation shall be:

SWEETREATS OF NAPLES, INC.

ARTICLE II

Principal place of business and mailing address of the corporation:

7935 Airport Pulling Road North
Unit 11
Naples, Florida 34109

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares at \$1.00 par.

ARTICLE IV

Name and Florida street address of the initial registered agent:

Max A. Holcher
1000 9th Street, North
Suite 502
Naples, Florida 34102

ARTICLE V

Name and address of the incorporator to these Articles of Incorporation:

Max A. Holcher
396 Yucca Road
Naples, Florida 34102

ARTICLE VI

Effective date of this corporation is July 31, 2001.


Signature/Incorporator

8.10.2001
Date

FILED
01 AUG 17 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent 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 am familiar with and accept the obligations of my position as Registered Agent.


Signature/Registered Agent

8/10/01
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA