LAW OFFICES OF

# SCHOLL, TICKTIN & ASSOCIATES, P.A.

ATTORNEYS & COUNSELORS AT LAW

5295 TOWN CENTER ROAD . THIRD FLOOR . BOCA RATON, FLORIDA 33431

PHONE: (561) 750-4280 FAX: (561) 392-6877

HARVEY SCHOLL

OF COUNSEL: PETER TICKTIN Danielle Brackett 1000116161

December 03, 2001

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

Re: COFFEE SERVICES AND SUPPLIES, INC.

#### Gentlemen:

Enclosed please find original and one copy of the Articles of Incorporation for the above referenced corporation together with the required fee of \$78.75. Please return a certified copy of the Articles to me at your convenience.

Sincerely,

HARVEY SCHOLL, ESQ.

HS/pbs

## ARTICLES OF INCORPORATION

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

The name of the corporation shall be:

COFFEE SERVICES AND SUPPLIES, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5295 Town Center Road - Third Floor Boca Raton, FL 33486

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:

Harvey Scholl 5295 Town Center Road - Third Floor Boca Raton, Florida 33486

#### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are

Harvey Scholl 5295 Town Center Road - Third Floor Boca Raton, FL 33486

Signature/Incorporator Date

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

Signature/Registered Agent

Date

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