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# RAWBITES, INC 6530 NW 41 TERRACE, COCONUT CREEK, FL 33073 18 AM 10: 05 SECRETARY OF STATE TALLAHASSEF FLORIDA 954-481-9481

March 13, 2002

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

\*\*\*\*\*70.00

SUBJECT:

INCORPORATION OF

RAWBITES, INC

Dear Secretary of State:

Enclosed find one original and a copy of the Articles of Corporation of RAWBITES, INC and a check for:

X \$70.00

\$78.75

\$122.50

\$131.25

Filing Fee

Filing Fee & Certificate Filing Fee & Certificate Copy

Filing Fee, Certificate Copy

& Certificate

# ADDITIONAL COPY REQUIRED

FROM:

CARLOS FAGAN Name (Printed or typed)

6530 NW 41 TERRACE Address

COCONUT CREEK, FL 33073 City, State & Zip

954-481-9481 Daytime Telephone Number

D. WHITE MAR 2 2 2002

#### ARTICLES OF INCORPORATION

OF

## RAWBITES, INC, 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

The name of the corporation shall be: RAWBITES, INC

#### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 6530 NW 41 TERRACE, COCONUT CREEK, FL 33073

#### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: one hundred (100) of no par value.

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

The name and Florida street address of the initial registered agent are: CARLOS FAGAN at 6530 NW 41 TERR, COCONUT CREEK, FL 33073

### ARTICLE V - INCORPORATOR

The <u>name and address</u> of the incorporator of these Articles of Incorporation are: CARLOS FAGAN at 6530 NW 41 TERR, COCONUT CREEK, FL 33073

#### ARTICLE VI - DIRECTORS

The corporation shall have three (3) directors, and the initial directors shall be: CARLOS FAGAN at 6530 NW 41 TERR, COCONUT CREEK, FL 33073 and ENOCH MCCALLA at 630 NW 67 TERR, MARGATE, FL 33063 MIGUEL FAGAN at 1326 HILLVIEW DR. CLEARMONT, FLORIDA 34711

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

NR 18 MM 10: 05