

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 600
Tallahassee, FL 32314

500005146845--7
-03/22/02--01060--004
*****70.00 *****70.00

SUBJECT: Trempe's Coffee Bar, Inc.
(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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Steven M Trempe
Name (Printed or typed)

35 SW Cabana Point Cir
Address

STUART FL 34994
City, State & Zip

561-370-5525
Daytime Telephone number

02 MAR 22 PM 3:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

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:

Trempe's Coffee Bar, INC.

ARTICLE II PRINCIPAL OFFICE

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

35 SW Cabana Point Circle
Stuart FL 34994

ARTICLE III SHARES

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

10,000 Capital Stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Aleita J Smith
35 SW Cabana Point Circle
Stuart FL 34994

ARTICLE V INCORPORATOR

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

Aleita J Smith
35 SW Cabana Point Circle
Stuart, FL 34994

Aleita J Smith

Signature/Incorporator

3/10/02

Date

(An additional article must be added if an effective 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 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

Aleita J Smith

Signature/Registered Agent

3/10/02

Date

FILED
02 MAR 22 PM 3:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA