## - PO2000035757

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 02 MAR 29 PH 12: 03

SECRETARY OF STATE TALLAHASSEE FLORIDA

SUBJECT:	OUD COMPORA	TE NAME - MUST INCL	iC Compai De Suffix	YY INC.		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM: FmmiT Li CoGins III.  Name (Printed or typed)						
-	4/0/ N. Hintus	Pd #102 21 Address	30005176; -03/29/020 *****78.75	6820 1037019 *****78.75		
-	SUNPISE, F/City,	3335/ State & Zip		* æ		
-	(954) 747-376 Daytime To	elephone number	***			

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

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: Your Complete Pickic Company	FILI INC. 02 HAR 29	ED PM 12: 03
•	SECRETARY TALLAHASSE	OF STATE E FLORIDA
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  4101 N. HiAtus Rel Suite 102  SUNIISE, Fl 33351		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:  FOOD CHECING		
ARTICLE IV SHARES The number of shares of stock is:  1		-
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):		
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:	·	
EMMITT LIGGINS III 4101 N. HiAtus Rd #102 SUNVISE, Fl 33351		
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  EmmiT LiGGINS III  4101 N. HiAtus Rd #102  SUNCISE, Fl 33351	· • • • • • • • • • • • • • • • • • • •	ke sike sike sike
**************************************	he place designate	
Maggins Signature/Registered Agent  3/2	5/02 Date	٠.
Hygins, Smmth III.  Signature/Incorporator	5/02 Date	