TRANSMITTAL LETTER 5464 Lepartment of State

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

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|-------------------------|--|--|--|---------------------------|
| SUBJECT: | Perk-up Coffee PROPOSED CORPORAT | Services IX TE NAME - <u>MUST INCLI</u> | びこ。 UDE SUFFIX) | |
| Enclosed is an original | al and one(1) copy of the article | es 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: | Ponk-up Con | IFEE Service | 5 770 6 | |
| | P.O. Box | 591 ddress | LLAIIASS | FIL 102 MAY 2 |
| | W. 10 w. 0 | State & Zip | 7 <i>45</i> FLOR | FILED 2002 MAY 28 AN III: |
| | 357. 3. | 30-0040 | DA | ਜ਼ 🚍 |

W2-12234

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

Daytime Telephone number

1) 5 28 23



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 30, 2002

WILLIAM A GRAVELLE PO BOX 591 WILD WOOD, FL 34785

SUBJECT: PERK-UP COFFEE SERVICES INC.

Ref. Number: W02000012234

We have received your document for PERK-UP COFFEE SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Document Specialist New Filing Section

Letter Number: 702A00026427

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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:

Perk-up Coffee Services INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. BON 581

W: 10000, FL 34785

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit , Vending, COFFEE SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

William A. Gravelle

4772 CR 151

WillucoD, FC 34785

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

William A Bravella

4772 CR 151

WilDroop, FLONDIA 34785

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

William A GRAVENZ P.O. BOX 591

Willwood FL34785

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Willin a Smile Signature/Registered Agent

Willen a Smile

Signature/Incorporator