TRANSMITTAL LETTER

P02000062577

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

SUBJECT: CLOVER LEAF Enterprises, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$8750 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	RECENED	
FROM: CLover Leaf Ents. Onc.					
	-	Address Ave.	SECIRETA FALLANA 	02 JUN	
	Tallahasse	ec, FL.3	<u>2308 #</u>	-6 ANI	
	850-67	/- /303 elephone number	ORIDA	ID: 59	

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) FILED
The name of the corporation shall be: Clover Leaf Enterprises, Inc. of SECRETARY OF STATE TALLAHASSEE, FLORIDA ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is: 1221 Talbot Ave, Talla. FL. 32308
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Food Service
ARTICLE IV SHARES The number of shares of stock is: 1.000
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s), address(es) and title(s):
Vikki, melvin - President/CEO
ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
1221 Talbot Ave, Talla. FL. 32308
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
VIKKI L. Melvin 1221 Talbot Ave, Talla. Fl. 32308
<u>^</u>
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
Ville National Signature/Registered Agent Date
Valety Melin 6-6-02.
Signature/Incorporator Date