## TRANSMITTAL LETTER

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

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<b>02 JU</b> TALLAHA	N25 ARY	PM 12	? <del>:</del> 54
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SUBJECT:	SHIKO INC	TE NAME – <u>MUST INCLUI</u>	DE SUFFIX)
Enclosed is an origina  \$\sumsymbol{\Pi}\$ \$70.00  Filing Fee	al and one(1) copy of the article  \$78.75  Filing Fee  & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	JUTZ-C TA	CRAW FORD rinted or typed)  CCO H(   S V)- Address  FC 3230  State & Zip	RECEIVED  02 JUN 25 PH 12: 03  INCOMPRESSION OF COMPRESSION OF COM

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

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-06/25/02--01060--014 \*\*\*\*\*78.75 \*\*\*\*\*78.75

## 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: SHIKO TNC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2471- CTALO HILLS VA TALLAHASSEE FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

JUSTIBLE TON OF FOOD TO CAFETELIA

OR ANY OTHER LAWFUL BUSINESS POLLIOSE IN

THE STATE OF FURIOR

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)
The name(s), address(es) and title(s):

REGISTERED AGENT

					•
The name and Florida street address of the registered	agent is:				
MIKE CRA-FORD					-
2472-C11	F				
TALEO HILLS OF 31303	•				
ARTICLE VII INCORPORATOR					
The <u>name and address</u> of the Incorporator is:					
MIKE CRAWFORD				-	
2472- C TALCO Hills Or					
TAMAHASSEE, EC 32303				-	
**************	*****	******	*****	******	******
Having been named as registered agent to accept service of proce	ee for the ab	ove stated	cornoration a	t the place design	anated in thi

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Incorporator

Signature/Registered Agent

ARTICLE VI