PO2 COCCESO (6) TRANSMITTAL LETTER

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

SUBJECT: TOM	IMY'S RESTAURANT EQUI	IPMENT, INC TENAME- <u>MUSTINCL</u>	UDE SUFFIX)	_
England are on aris			*****87.5	01054017
Enclosed are an ong	ginal and one (1) copy of the arti	cles of incorporation and	d 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 PPY REQUIRED	
FROM:	TOM ROMANES			
Name (Printed or typed)				
	Address MIAMI, FL 33142			2002 AUG 12 P
-	305-826-7385	State & Zip	FLORIDA	PH 2: 57

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

8/4/02

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

TOMMY'S RESTAURANT EQUIPMENT, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2170 NW 19 AVE MIAMI, FL 33142

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

TO CONDUCT ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

PRESIDENT TOM ROMANES 7331 W 30 CT HIALEAH, FL 33018

VP & SECRETARY MAIRA CAPOTE 2170 NW 19 AVE MIAMI, FL 33142

ARTICLE VI REGISTERED AGENT

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

TOM ROMANES 7331 W 30 CT HIALEAH, FL 33018

ARTICLE VII INCORPORATOR

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

TOM ROMANES 7331 W 30 CT HIALEAH, FL 33018

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

Signature/Registered Agent

8-7-02 Date 8-7-02

Signature/Incorporator