PO2000/02430

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

SUBJECT: I SIE Sub	INC.	
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) 4000079532442 -09/23/0201010025 ******87.50 ******87.50 Enclosed is an original and one(1) copy of the articles of incorporation and a check for:		
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
FROM: Jerry McCormick Name (Printed or typed) Q GAle Court Address		
Freeport FL 32439 (850) 897-2280 Daytime Telephone 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: \(\sum_{5} \) \(\sum_{6} \sum_{6} \) \(\sum_{6} \)	SECRETARY OF STATE SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: General Court Freeport, PL 324	39	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Food Busines 5		
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): Jerry McGormide — 4 LAWET McGormide — V. Michael MtGormick — V.	President P. (Sec.	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Letty Med Resport, F	formick rt -C 32439	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Lerry McCormick 9 GAle Court Faceport PC 324	39	
FREEPORT FC 32439 ***********************************		
Signature/Redistered Agent Date	-07_	

Signature incorporator