

CD 1-7-3
25565

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

SUBJECT: AZCURRA FOOD SERVICE, INC.

I ENCLOSE AN ORIGINAL AND 1 COPY OF THE ARTICLES OF INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE AMOUNT OF \$78.75 IN ORDER TO FORM THE ABOVE REFERENCED CORPORATION AS OF DECEMBER 10, 2002

FROM:

PEDRO RAMON AZCURRA
2300 BEE RIDGE ROAD, SUITE 301
SARASOTA, FLORIDA 34239
(941) 924-1040

Carol

file 1-3-03

effective 1-1-03



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

December 20, 2002

PEDRO RAMON AZCURRA
2300 BEE RIDGE RD, STE 301
SARASOTA, FL 34239

SUBJECT: AZCURRA FOOD SERVICE, INC.
Ref. Number: W02000035565

We have received your document for AZCURRA FOOD SERVICE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

An effective date may be added to the Articles of Incorporation if a 2003 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6919.

Beth Register
Corporate Specialist Supervisor
New Filings Section

Letter Number: 402A00066946

ARTICLES OF INCORPORATION
OF

AZCURRA FOOD SERVICE, INC.

FILED
03 JAN -3 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATOR FOR THE PURPOSE OF FORMING A CORPORATION
UNDER THE FLORIDA BUSINESS CORPORATION ACT HEREBY ADOPTS THE FOLLOWING
ARTICLES OF INCORPORATION.

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE

AZCURRA FOOD SERVICE, INC.

ARTICLE II - PRINCIPLE OFFICE

THE PRINCIPLE PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION
SHALL BE:

2300 BEE RIDGE ROAD, SUITE 301
SARASOTA, FLORIDA 34239

ARTICLE III - CAPITAL STOCK

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE
OUTSTANDING AT ANY ONE TIME IS:

1000 SHARES

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

**CAROL LYNN MONVILLE, C.P.A.
2300 BEE RIDGE ROAD, SUITE 301
SARASOTA, FLORIDA 34239**

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

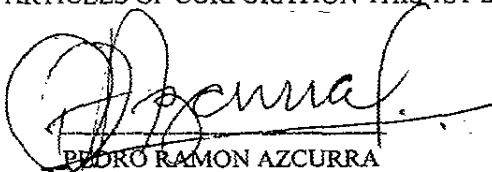
**Pedro Ramon Azcurra
2300 BEE RIDGE ROAD, SUITE 301
SARASOTA, FLORIDA 34239**

ARTICLE VII- EFFECTIVE DATE

PURSUANT TO SECTION 607.0123 OF THE FLORIDA STATUTES, THE EFFECTIVE DATE OF THIS DOCUMENT SHALL BE:

January 1, 2003

THE UNDERSIGNED HAS EXECUTED THE ARTICLES OF CORPORATION THIS 1ST DAY OF DECEMBER 2002



PEDRO RAMON AZCURRA

INCORPORATOR

FILED

03 JAN -3 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

AZCURRA FOOD SERVICE, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

**CAROL LYNN MONVILLE, C.P.A.
2300 BEE RIDGE ROAD, SUITE 301
SARASOTA, FLORIDA 34239**

SIGNATURE: _____

TITLE: _____

DATE: _____

HAVING BEEN NAMED AS REGISTERED AGENT AND NOT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: _____

DATE: _____