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SECRETARY OF STATE
TALLATASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT:	Primary Choice	. Steak CC)					
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)							
			•					
Enclosed is an origina	l and one(1) copy of the article	es of incorporation and a	check for:					
	_	_	. }					
\$70.00	□ \$78.75	□ \$78.75	3 \$87.50					
Filing Fee	Filing Fee		Filing Fee,					
	& Certificate of Status	& Certified Copy						
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Address								
	C	C1 27914						
	Cape Coral	チリー <u>コンドイ</u> State & Zip						
	239.850	MP00						
	Dayrima Te	alanhone number						

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

ARTICLE I	NAME	,		,	eta e e e				
The name of the c	orporation shall be:	^		. :	<u>_1</u>	V	/.		
		Prim	ary	Choice	£ 5 [†]	eati, ((O.		
ARTICLE II	PRINCIPAL OFF		<u>.</u>		- 5 2 5	,			
The principal plac	e of business/mailing	address is:	261°	6033	ind S I, FI	더 3 3 9	14		
ARTICLE III	PURPOSE								
	which the corporation	is organized	24	eu K	Deliu	jery			
ARTICLE IV	SHARES								
The number of sha		1000)	· . ·	-	· ·	. .		
ARTICLE V	INITIAL OFFICE	PS/NIPFC	ייייט פייייי	antiona	Ti.	,		03	A
	ress(es) and title(s):	KO/DIKEC	TONS	puona	y .				
								-9	ASS
								P	E.
								PH 10: 21	
								42	E C
ARTICLE VI	REGISTERED			<u>.</u>		. 1			
The <u>maine and Fig</u>	orida street address	or the registe	ered agent	is: Je	25h	He 83	ς ,	_	
				918	3 SU	J 33	3~2)	ļe	rC
				Cap	2 Cora	.l, F	2	535	714
ARTICLE VII	INCORPORATO	<u>)R</u>							
The <u>name and ad</u>	dress of the Incorpora	ıtor is:		J	\sim	Schel	el		
	,			ສັຍເຼ	1223	Schel Nd st FI 3	- es 1 Li	j	
				Cape	Gral,	F1 2.	571	ł	

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

Date

1-5-03

Signature/Incorporator

Date