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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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TRANSMITTAL LETTER

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

| SUBJECT: Key | West's Cafe Med, Inc. | | | |
|-----------------------|----------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------|---------------|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> I | UDE SUFFIX) | |
| Enclosed are an origi | nal and one (1) copy of the art | cicles 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 PY REQUIRED | |
| FROM: | Key West's Cafe Med, In | C. (Printed or typed) | | in the second |
| - | · | Maria Carana Maria Carana | | |
| - | Key West, FL 33040 City, State & Zip | | | . 4 |
| - | (305) 294-1117 | Telephone number | <u>:</u> | · · · · · · |

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



Secretary of State

February 18, 2003

KEY WEST'S CAFE MED, INC. 3731 DUCK AVE. KEY WEST, FL 33040

SUBJECT: KEY WEST'S CAFE MED, INC.

Ref. Number: W03000004750

We have received your document for KEY WEST'S CAFE MED, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity (call (850) 245-6059 for information) or designate another entity that is active according to our records.

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity (call (850) 245-6059 for information) or designate another entity that is active according to our records.

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) 245-6995.

Wanda Cunningham Document Specialist New Filing Section

SECREGATION STAT

Letter Number: 703A00010667

Division of Cornorations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

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

FILED = SECRETARY OF STATE OF CORPORATIONS

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ARTICLE I NAME

The name of the corporation shall be:

Key West's Cafe Med, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3731 Duck Avenue Key West, FL 33040

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Serve Food and Beverages to the general Public (Restaurant)

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Abdelaziz Cheraitia 3731 Duck Avenue Key West, FL 33040

ARTICLE VI REGISTERED AGENT

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

Mario E. Rodriguez, CPA, P.A. 3132 Northside Drive, Suite 101 Key West, FL 33040

ARTICLE VII INCORPORATOR

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

Abdelaziz Cheraitia 3731 Duck Avenue Key West, FL 33040

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 canacity

Signature/Incorporator

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

| 1/1/03 |
| Date | Date |
| Date |