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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 AUG 25 AM 8:49

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FLORIDA PROFIT CORPORATION OR P.A.

SNACK ON OF SOUTH FLORIDA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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ARTICLES OF INCORPORATION SNACK ON OF SOUTH FLORIDA, INC.

We, the undersigned are desirous of forming a corporation under the laws of the state of Florida such, laws that are applicable to corporations for profit, and respectfully petition the secretary of state for approval of such incorporation under the following proposed certificate of incorporation.

ARTICLE I

NAME

The name of the corporation shall be **SNACK ON OF SOUTH FLORIDA, INC.**

And its principle place of business shall be 26040 SW 130 PL HOMESTEAD FL 33032

And any other location that the board of directors may deem appropriate.

ARTICLE II

RESIDENT AGENT

The resident agent of the corporation shall be DOROTHY S THOMPSON 260 SW 130 PL HOMESTEAD FL 33032

ARTICLE III

GENERAL NATURE OF BUSINESS

The general purpose or objet to be transacted promoted or carried on by this corporation is any activity or business permitted under the laws of the United States and of the States of Florida.

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ARTICLE IV

SHARES OF STOCK

The maximum number of shares of stock that corporation is authorized to have outstanding at any time is five hundred (500) of common stock.

ARTICLE V

AMOUNT OF CAPITAL

The amount of capital with which the corporation will begin business will be a minimum of five hundred dollars (\$500.00)

ARTICLE VI

DURATION

This corporation is to have perpetual existence commencing upon the approval by the secretary of state of this certificate of incorporation.

ARTICLE VII

DIRECTORS

TWO directors will manage the affairs of the corporation. The names and addresses of the individual who is to serve as director until new director are elected at the shareholders meeting is:

NAME

ADDRESS

BRUCE L THOMPSON

PRESIDENT

26040 SW 130 PL
HOMESTEAD FL 33032

DOROTHY S THOMPSON

VICE /PRESIDENT

26040 SW 130 PL
HOMESTEAD FL 33032

WE, THE UNDERSIGNED, BEING THE ORIGINAL SUBSCRIBERS TO THIS
CERTIFICATE OF INCORPORATION, DO HEREBY MAKE, SUBSCRIBE,
ACKNOWLEDGE AND FILE THIS CERTIFICATE AND CERTIFY THAT THE
FACTS STATED HEREIN ARE TRUE, AND HAVE UNTO SET MY HAND AND
SEAL THIS 18 DAY OF JULY 2003


BRUCE L THOMPSON


DOROTHY S THOMPSON

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 **SNACK ON OF SOUTH FLORIDA, INC.**

2 The name and address of the registered agent is **DOROTHY S THOMPSON 260 SW 130 FL HOMESTEAD FL 33032**

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SIGNATURE *Dorothy S Thompson*

TITLE VP

DATE 8/18/03

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THE CAPACITY I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I'M FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE *Dorothy S Thompson*

DATE 8/18/03