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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

mediterranean touch, iinc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 SEP -2 AM 8:45

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ARTICLES OF INCORPORATION

OF

Mediterranean Touch, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-SEP-92 AM 8:45

FILED

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

Mediterranean Touch, Inc.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is:

6039 Collins Avenue #533
Miami Beach FL 33140

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 1000 shares having an individual par value of \$1.00

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Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

Robert A. Henry
8411 W Oakland Park Blvd
Suite 201
Sunrise FL 33351

ARTICLE VII

The name and address of the initial board of director(s) shall be:

Youssef Baghdadi
6039 Collins Avenue #533
Miami Beach FL 33140

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

Robert A. Henry
8411 W Oakland Park Blvd
Suite 201
Sunrise FL 33351

The undersigned has executed these Articles of Incorporation this 29th
day of August, 2003.



INCORPORATOR

FILED

03 SEP -2 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mediterranean Touch, Inc.

(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

Rosa H

REGISTERED AGENT

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