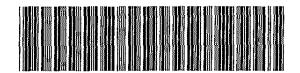
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# TRANSMITTAL LETTER

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

| SUBJECT: Sher        | i Food Plus Inc.                 |                            |   |  |
|----------------------|----------------------------------|----------------------------|---|--|
|                      | (PROPOSED CORPORA                | tename – <u>Mustinc</u> u  | udesuaax)                                     |  |
|                      |                                  |                            |   |  |
|                      |                                  |                            |   |  |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | a check for:                                  |  |
| □ \$70.00            | \$78.75                          | <b>☑</b> \$78.75           | □ \$87.50                                     |  |
| • •                  | Filing Fœ                        | Filing Fee                 | Filing Fee,                                   |  |
| Filing Fee           | & Certificate of Status          | & Certified Copy           | Certified Copy                                |  |
|                      | & Certificate of Status          | or Certainer copy          | & Certificate of                              |  |
|                      |                                  |                            | Status  |  |
|                      |                                  | ADDITIONAL CO              |   |  |
|                      |                                  | ADDITIONAL CO              | of 1 REQUIRED                                 |  |
| FROM: It             | orahim Fapohunda                 |                            |   |  |
|                      | Nam                              | e (Printed or typed)       |   |  |
|                      | 6759 N.W. 182nd Street           | 4103                       |   |  |
|                      | 6/39 N.W. Tozhu Sueet /          |                            | , , <u>, , , , , , , , , , , , , , , , , </u> |  |
|                      |                                  | Address                    |   |  |
|                      | Miami Lakes, FL. 33015           |                            |   |  |
|                      | City, State & Zip                |                            |   |  |
|                      | (305)825-8737                    |                            |   |  |
|                      | · ·                              | Telephone number           |   |  |
|                      | — <b>,</b> ····                  | •                          |   |  |

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

## ARTICLES OF INCORPORATION

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

# ARTICLE I NAME

The name of the corporation shall be:

Sheri Food Plus Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6759 N.W. 182nd Street #103 Miami Lakes, FL, 33015.

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail African Food supplies and groceries

for the residents of the community.

#### ARTICLE IV SHARES

The number of shares of stock is: 1000 shares \$0.50 per share

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Ibrahim Fapohunda - Director, 6759 N.W. 182nd Street #103, Miami, FL. 33015 Margret Lanier- Vice President -6759 N.W. 182nd Street #103, Miami, FL. 33015 Sheri Fapohunda Secretary- 6759 N.W. 182nd Street #103, Miami, FL.33015

#### ARTICLE VI REGISTERED AGENT

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

Charles Inije 16499 N.E. 19Avenue #213A N.Mlami Bch, FL, 33162

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ibrahim Fapohunda 6759 N. W. 182nd Street #103 Miami Lakes, FL. 33015

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

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Signature/Incorporator

10.4.03

Date