

CAPITAL CONNECTION 850 222 1222 10/11/03 13:41 NO 652 01/02
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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 : YOUR CAPITAL CONNECTION, INC.
 Account Number : 120000000257
 Phone : (850) 224-8870
 Fax Number : (850) 224-7047

FLORIDA PROFIT CORPORATION OR P.A.

Savories, Inc.

Certificate of Status	0
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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:

SAVORIES INC.**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**725 N. A1A, - E101
Jupiter, FL 33477****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

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):

**JOHN ANTHONY WILSON
15797 HAYME LA, JUPITER, FL 33478
PRESIDENT****ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:**JOHN ANTHONY WILSON
15797 HAYME LA. JUPITER, FL 33478
PRESIDENT****ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:**JOHN ANTHONY WILSON
15797 HAYME LA. JUPITER, FL 33478**

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

John Anthony Wilson
Signature/Registered Agent

10-16-03
Date

John Anthony Wilson
Signature/Incorporator

10-16-03
Date

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