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Florida Department of State
Division of Corporations
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To:

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From:

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FLORIDA PROFIT CORPORATION OR P.A.

CULINARY WIZARD, INC.

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ARTICLES OF INCORPORATION
OF
CULINARY WIZARD, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CULINARY WIZARD, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

CULINARY WIZARD, INC.
1174 NW 108TH TERRACE
PLANTATION, FL 33322
ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is:

MATHEW RIES
1174 NW 108TH TERRACE
PLANTATION, FL 33322

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

MATHEW RIES
1174 NW 108TH TERRACE
PLANTATION, FL 33322

The undersigned has (have) executed these Articles of Incorporation this 16TH day of October, 2003.

Matthew Ries
SIGNATURE & TITLE

DATE

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**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:
CULINARY WIZARD, INC.
2. The name and address of the registered agent and office is:

MATHEW RIES,
1174 NW 108TH TERRACE,
PLANTATION, FL 33322

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SIGNATURE Matthew Ries
(corporate officer)

TITLE _____

DATE _____

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

SIGNATURE Matthew Ries

DATE _____

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