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# TRANSMITTAL LETTER

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

SUBJECT: Sou	theastern Specialty Foods In			
<del>1-</del>	(PROPOSED CORPORA	TENAME - MUSTINGE	UDPSUEFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:	
□ \$70.00	<b>☑</b> \$78.75	<b>□</b> \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
J	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Victor Norman			
11,01,11	Name (Printed or typed)			
	2524 Grassy Pt. Dr.			
Address				
	Lake Mary FL 32746			
· .	City, State & Zip			
	407-330-0977	elenhone number		
	Daytime 1	elephone number		

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:

Southeastern Specialty Foods Inc.

### PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 2524 Grassy Pt. Dr.

Lake Mary FL 32746

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Food Broker

## ARTICLE IV

The number of shares of stock is:

1,000

# INITIAL OFFICERS AND/OR DIRECTORS

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

Victor Norman 2524 Grassy Pt. Dr. Lake Mary FL 32746

# REGISTERED AGENT

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

Victor Norman 2524 Grassy Pt. Dr. Lake Mary FL 32746

### *INCORPORATOR* ARTICLE VII

The name and address of the Incorporator is:

Victor Norman 2524 Grassy Pt. Dr. Lake Mary FL 32746

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 analysis appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator