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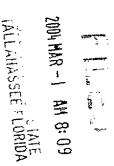
(Re	equestor's Name)	
(Ad	ldress)	<del></del>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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# TRANSMITTAL LETTER

2004 MAR - I AM 8: 09
IALLAHASSEE FLORIDA

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

SUBJECT:SNACKS 4 ALL, INC. (Proposed corporate name - must include suffix)
Enclosed is an original and one (1) copy of the articles of incorporation and a check for:
X78.75 Filing Fee & Certificate
FROM: RONALD J BUCKLEY Name (printed or typed)
790 SUNSET DRAddress
MELBOURNE, FL. 32935 City, State & Zip
(321) 253-8633

Daytime Telephone Number

### ARTICLES OF INCORPORATION

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

# ARTICLE I NAME

The name of the corporation shall be: SNACKS 4 ALL, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: PO BOX 100334
PALM BAY, FL. 32910-0334

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
7500 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
ANNA OSKAM
761 BRICKELL ST SE
PALM BAY, FL. 32909

ARTICLE V INCORPORATOR
The name and address of the incorporator of these Articles of Incorporation and ANNA OSKAM

761 BRICKELL ST SE PALM BAY, FL. 32909

Signature/Incorporator

01/06/04 Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated 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/Registered Agent

Date