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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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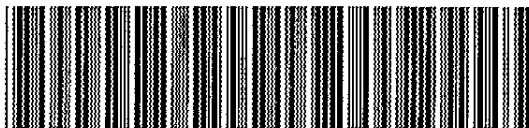
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 MAR 22 PM 2:49
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Carbolicious Marketing Group, Inc.

(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Sal Gorge

Name (Printed or typed)

2200 NW Corporate Blvd., #300

Address

Boca Raton, FL 33431

City, State & Zip

(561) 994-1124 ext. 5

Daytime Telephone 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:

Carbolicious Marketing Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2200 NW, Corporate Blvd., #300, Boca Raton, FL 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Distribution and Sale of Dietary cards

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sal Gorge, President

Nancy Gorge, Executive Vice President

ARTICLE VI REGISTERED AGENT

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

Sal Gorge

2200 NW Corporate Blvd., #300, Boca Raton, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sal Gorge


2200 NW Corporate Blvd., #300, Boca Raton, FL 33431

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

FILED

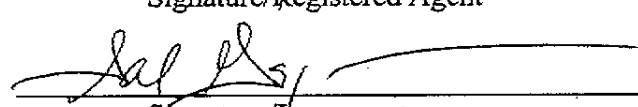
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Signature/Registered Agent

3/17/04

Date


Signature/Incorporator

3/17/04

Date