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## TRANSMITTAL LETTER ORGINAL

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

SUBJECT:						
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	2813 DOUBLE	DEWTON (Printed or typed)  HAGUE CT # 37	217	I		
City, State & Zip (407) 963-4909						

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
The name of the corporation shall be:  VST A TASTE, NC.	
The principal place of business/mailing address is:	SECRETARY OF STATE SECRETARY OF COMPORATIONS OF COMPORATIONS
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  JOSEPH LALLANE, 3813 DOVBLE EAGLE CT #3217  OPLANDO, FL 32839  OPLANDO, FL 32839	MANAGING PARTNET MANAGING
The name and Florida street address of the registered agent is:  JOSEPH LALLANE  3817 DOUBLE EAGLE CT #3:  OPLANOO, FL 32	PACINE
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  JEJSE VEWTON  ORLANDO, TE	3217 32839
**************************************	******* gnated in this
Signature/Registered Agent  Date  5-10-04  Signature/Incorporator  Date	