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TRANSMITTAL LETTER

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

SUBJECT: Tast	e Of New Yourk Corp. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
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: R	aymond Douglas Hammer		
	Name	(Printed or typed)	
	13692 N. Cleveland Ave.		
	7	Address	
	N. Ft. Myers, Fl. 33903	State & Zip	
	239-872-9334		- - -

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)

ARTICLE I NAME

The name of the corporation shall be:

Taste of New York Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 13692 N. Cleveland Ave. N. Ft. Myers, Fl 33903

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Laundromat, retail

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Raymond Hammer

President

13692 N. Cleveland Ave. N. Ft. Myers, Fl. 33903

ARTICLE VI REGISTERED AGENT

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

Raymond Hammer 13692 N. Cleveland Ave. N. Ft. Myers Fl. 33903

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Raymond Hammer 13692 N. Cleveland Ave. N.Ft. Myers, Fl. 33903

Havi	ng been named as	egistered agent to accept service of process for the above stated corporation at the place designated in this
ertij	lcate, I am familiag	with and accept the appointment as registered agent and agree to act in this capacity

gnature/Registered Agent

mmvIgnature/Încorporator 6/10/2004

Date

6/10/2004

Date