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Certified Coples	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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of 424/04

TRANSMITTAL LETTER

Department of State

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

Z004 JUN 24 PM 3: 50

Z005 JUN 24 PM 3: 50

Z006 JUN 24 PM 3: 50

Z007 JUN 24 PM 3: 50

Z007 JUN 24 PM 3: 50

Z007 JUN 24 PM 3: 50

Z008 JUN 24 PM 3: 50

SUBJECT:	SPUDS KIT	CHEN	INC.	
	(PROPOSED CORPORA)	TE NAME — <u>MUSTINGU</u>	Desurix)	
Enclosed are an orig	ginal and one (1) copy of the artic	les 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: ANTHONY PIZARRO Natione (Printed or typed)				
1225 NORTH GREENWAY DRIVE				
	CORAL GAB	LES , FL	, 33/34	
(305) 445 - 8535 Daytime Telephone number				

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

2004 JUN 24 PM 3: 51 TALLAHASSEE FLORIDA

June 11, 2004

ANTHONY PIZARRO 1225 NORTH GREENWAY DRIVE CORAL GABLES, FL 33134

SUBJECT: SPUDS KITCHEN INC. Ref. Number: W04000022701

We have received your document for SPUDS KITCHEN INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Document Specialist New Filings Section

Letter Number: 904A00039725

O4 JUN 24 AN 9:1

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:	1 1
SPUDS KITCHEN INC.	2004 JUN 24 PM 3: 51
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1225 NORTH GREENWAY DRIVE	TALLAHASSEE FLORIDA
CORAL GABLES, FLORIDA 33/34 ARTICLE III PURPOSE The purpose for which the corporation is organized is: FOOD SERVICE	<u></u>
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	MILL DIZAGRA TO
ANTHONY PIZARERO MD ANTHO 1225 WORTH GREENWAY DR. 1225	NY PIZARRO JR.
CORM GABLES, FL. 33134 CORM	NORTH GREENWAY DR. L GABLES, PL. 33134
	E PRESIDENT)
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is: HERMAN RIVAS 3601 NW 80 Th ST. MIAMI, FL. 33142	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: ANTHONY PIZARRO MD 1225 WORTH GREENWAY DR. CORNE GABLES, FL. 33134	
*************	********
Having been named as registered agent to accept service of process for the above stated of certificate, I am fumiliar with and accept the appointment as registered agent and agree to a	
1-1840	6/18/04
Signature/Registered Agent	Date
Signature/Incorporator	6-8-04
Signature/Incorporator //	Date