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TRANSMITTAL LETTER

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

am am orig	inal and one (1) copy of the ar	ticles of incompration and	La check for:
3 \$70.00	■ \$78.75	\$78.75	\$87.50
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		ADDITIONAL CO	Status OPY REQUIRED
ROM: _(С	C/O) OMNI SOLUTIONS &	ACCOUNTING, LLC	
	Nam	e (Printed or typed)	
	5593 BUFORD HWY NE,		
•		Address	
	DORAVILLE, GA 30340		
	City	y, State & Zip	
	(770) 454-1900		
	(* 1 *) 1 * 1 * 1 * 1		

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

The name of the corporation shall be:

TSH BROTHERS, INC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

4332 UNIVERSITY BLVD S JACKSONVILLE, FL 32216 (PLACE OF BUSINESS)

5593 BUFORD HWY NE, STE 3-C

DORAVILLE, GA 30340 (MAILING ADDRESS)

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

NEW BUSINESS - RESTAURANT

SHARES ARTICLE IV

The number of shares of stock is:

400,000

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

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

MYUNG JIN KIM 13765 HARBOR CREEK PLACE JACKSONVILLE, FL 32224 PRESIDENT

REGISTERED AGENT

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

MYUNG JIN KIM 13765 HARBOR CREEK PLACE JACKSONVILLE, FL 32224

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Signature/Incorporator

MYUNG JIN KIM 13765 HARBOR CREEK PLACE JACKSONVILLE, FL 32224

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

Signature/Registered Agent

06/24/04

Date

06/24/04

Date