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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

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

SUBJECT: M.L'S Smokehouse 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Michael Thornton  
Name (Printed or typed)

14748 98 By-Bass  
Address

Dade city, FL 33525  
City, State & Zip

352-206-4503  
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:

M.L.'s ~~SMOKEHOUSE~~ SMOKEHOUSE INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

14748 Hwy. 98 By-PASS  
Dade City, Florida 33525

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Food Service on premise and off premise

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Michael J. Thornton President  
Leah Dixon V.P.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Michael J. Thornton  
14748 Hwy. 98 By-PASS  
Dade City, Florida 33523

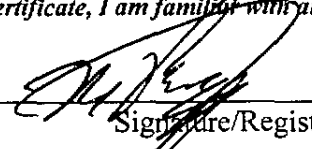
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Michael J Thornton  
37241 Orangedale Ave.  
Dade city, FL 33523

\*\*\*\*\*

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

X   
\_\_\_\_\_  
Signature/Registered Agent

10-12-04  
\_\_\_\_\_  
Date

X   
\_\_\_\_\_  
Signature/Incorporator

10-12-04  
\_\_\_\_\_  
Date

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA