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TRANSMITTAL LETTER

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

SUBJECT: Saveur	Tropicale and Services Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCE</u>	udasuzem
Enclosed are an original	inal and one (1) copy of the art	icles 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	& Certificate of Status
FROM: Pat	rick Joseph Lexima		
	Name	e (Printed or typed)	, , , , , , , , , , , , , , , , , , , ,
	13868 Paddock Drive	Address	
	Wellington, Ft, 33414	, State & Zip	
:	561-385-7857	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)

DIVISION OF CORPORATIONS

04 DEC 16 PH 12: 18

ARTICLE I NAME

1.....

The name of the corporation shall be:

Saveur Tropicale and Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 13868, Paddock Drive, Wellington FL., 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To prepare good quality and safe for sale

ARTICLE IV SHARES

The number of shares of stock is:

One thousand (1,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Patrick Joseph Lexima, President Rachelle Daoud Lexima, Vice President 13868 Paddock Drive Wellington, FL., 33414

ARTICLE VI REGISTERED AGENT

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

Patrick Joseph Lexima 13868 Paddock Drive Wellington, FL., 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rachelle Daoud Lexima 13868, Paddock Drive Wellington, FL. 33414

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

Signature/Incorporator

C//5//)

Date

Date