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TRANSMITTAL LETTER

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

SUBJECT:	Penguin Healthy Fr	uit Ice Corpora	hon
	·		
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	a check for:
	\$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:	Robert D. Alban	O e (Printed or typed)	
	200 N.E. 6#	Courf Address	
	Booa Raton, FL	33432 , State & Zip	
	56(-347-1710	Telephone zumber	

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)	
in comphance with Chapter 607 and of Chapter 621, 1.5. (116th)	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Penguin Healthy Fruit Ice Corporation	
The name of the corporation shall be: D. Hostilly Fauit Toe Carporahian	
ట్ల ్లో	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
200 N.E. 6 Court	
Boca Raton, FL 33432	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
All manner of business associated with	
Armine and operating Education stands.	
14 Circh as the Counary 's	
The purpose for which the corporation is organized is: All manner of business associated with Country and operating concession stands. Business entity (ies) as the company is see The number of shares of stock is: 1,000 shares	
The number of shares of stock is: 1,000 shares	
1,000 >1010	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Robert D. Albano, President	
,	
Robert Kleszcz, Vice-President	
, , , , , , , , , , , , , , , , , , ,	
ARTICLE VI REGISTERED AGENT	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	n
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	Dr
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	Dr 3
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Robert D. Albano Aaron J. Muckley, CPA 22278 Pineapple Walk Boca Raton, FL 3343;	Dr 3
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Robert D. Albano Agron J. Muckley, CPA 22278 fineapple Walk Boca Raton, FL 3343; ARTICLE VII INCORPORATOR	Dr 3
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