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TRANSMITTAL LETTER

The continue of

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 2005 FEBII PM 1: 17 . O. STATE TÄLLAHASSLET LORIDA

SUBJECT: P	OFFERS AMERI (PROPOSED CORPORA	can Eggro	115
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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
	James Todo Name 423 Edgar	(Crimina de Oppos)	•
•	Cross Fordus City 850-509-0	-	.327_
	Daytime	i elephone number	

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

ARTICLE I	NAME	
The name of the c	corporation shall be:	· · · · · · · · · · · · · · · · ·
,	Porters American Eggra	olls Inc.
ARTICLE II	PRINCIPAL OFFICE	
The principal plac	te of business/mailing address is:	
	423 Edgar Poole Rd Crawfordville, FC 32327	2005 FEB PH : 7
ARTICLE III	PURPOSE	
The purpose for	which the corporation is organized is:	0 - me
<	ell Food	
<i>J</i> .	-	
ARTICLE IV	SHARES	Ref. :
The number of sh		D
	100	
ADDICT E U	INTERIOR AND OD DEPOTODS	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS ress(es) and specific title(s):	
	es topo Porter SR Prese	dent
Jamo	= S / = D / F / D / D / D / D / D / D / D / D /	President
Ten	esa Lynn Porter Vise-	
ARTICLE VI	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptable) of the	registered agent is:
	's Tadd Porter SR	3
423	Edgar Paula RD	
6100	storpoide, FC 32317	
ARTICLE VII	INCORPORATOR	
The name and as	Idward of the Imagementon in	
1	es Todal Porter SR	
423 6	es Todol Parter SR	
وهدر م	Karpuille, FC 32327	
	**************	**********
	as registered agent to accept service of process for the above statiliar with and accept the appointment as registered agent and agre	
cernyicure, x am jam		
	- 10 A 1	

2-11-05 Date

Signature/Incorporator