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## TRANSMITTAL LETTER

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

	YAYON, In	C. ATE NAME – MUST INCL		
	KOLOSED COKLOK	ATE NAME <u>– MUST INCL</u> I	UDE SUPPLE)	
Enclosed are an original and o	ne (1) copy of the an	ticles of incorporation and	a check for:	
\$70.00 \$78 Filing Fee Filing & Cert	.75 Fee ificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Michael Robertucci Name (Printed or typed)				
117 Lynnhurst DRIVE Address				
Orm	ond Beach	FL 32176		
(386)	) 441-137 Daytime	76 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)

FILED

05 FEB 10 AM 10: 39

SEURLIARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I \_\_NAME

The name of the corporation shall be:

Betayavon, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1274 Ocean Shore Blvd

Ormand Beach, FL 32176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Bagels + Deli

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael Robertucci, Pres.

Elanit Robertucci, Secretary / Treasurer

ARTICLE VI REGISTERED AGENT

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

Michael Robertucei 117 Lynnhurst Dr.

Ormand Beach, FL 32176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elanit Robertucci 117 Lynnhurst Dr

Ormand Beach FL 32176

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I um familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator