

705000031199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

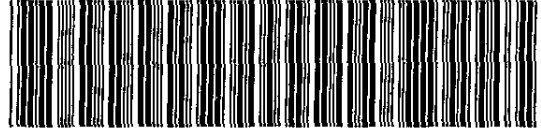
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Sunland Foods, 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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Sunland Foods, Inc.
Name (Printed or typed)

4566 N Hiatus Rd.
Address

Sunrise, FL 33351
City, State & Zip

954-749-3965
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Sunland Foods, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4566 N. Hiatus Rd.
Sunrise, FL
33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For profit business use.

ARTICLE IV SHARES

The number of shares of stock is:

1,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Neil Rodin
979 SW 159 Terr.
Pembroke Pines, FL 33027
President

Wayne Farenga
18187 SW 4 Ct.
Pembroke Pines, FL 33029
Vice President

ARTICLE VI REGISTERED AGENT

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

Wayne Farenga
18187 SW 4 Ct.
Pembroke Pines, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Neil Rodin
979 SW 159 Terr.
Pembroke Pines, FL 33027

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

2/23/05
Date
2/23/05
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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