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TRANSMITTAL LETTER

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

SUBJECT: Lone B	ean Cafe, Inc. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	a check for:
□ \$70.00	☑ \$78.75	□ \$78.75	□ \$87.50
Filing Fee		Filing Fee	Filing Fee,
1 mig 1 ov	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
rpov. Jar	net R. Methven		
FROM:	Name	e (Printed or typed)	
	933 Victoria Теггасе		
		Address	
	Altamonte Springs, Florida 3270	1-7308	
•		y, State & Zip	

321-948-6608

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

Daytime Telephone number

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

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SECRETA CONTRACTOR ORDA

Lone Bean Cafe, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1740 West Fairbanks Avenue
Winter Park, Florida 32789-4606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Profit

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ryan L. Hall, President & Treasurer 933 Victoria Terrace, Altamonte Springs, Florida 32701-7308

Janet R. Methven, Vice-President & Secretary 933 Victoria Terrace, Altamonte Springs, Florida 32701-7308

ARTICLE VI REGISTERED AGENT

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

Janet R. Methven 933 Victoria Terrace Altamonte Springs, Florida 32701-7308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Janet R. Methven 933 Victoria Terrace Altamonte Springs, Florida 32701

Signature/Registered Agent 7/25/05

Date

Methre 7/25/05
gnature/Incorporator Date