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## TRANSMITTAL LETTER

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

SUBJECT: SOUTH FLORIDA RAVIOLI CO. INC.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
	,				
Enclosed is 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  ADDITIONAL CO	S87.50 Filing Fce, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	THOMAS RANESE				
Name (Printed or typed)					
PO BOX 244693					
Address					
BOYNTON BEACH, FLORIDA 33424 City, State & Zip					
917-673-9570 Daytime 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) ARTICLE I NAME The name of the corporation shall be: SOUTH FLORIDA RAVIOLI CO. INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: PO BOX 244693 BOYNTON BEACH, FLORIDA 33424 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: NEW BUSINESS ARTICLE IV **SHARES** The number of shares of stock is: 100 shares NPV ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): THOMAS RANESE PRESIDENT PO BOX 244693 BOYNTON BEACH, FLORIDA 33424 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: THOMAS RANESE 9732 Crescent View Drive South Boynton Beach, Florida 33437 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: THOMAS RANESE PO BOX 244693 BOYNTON BEACH, FLORIDA 33424 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/Incorporator

<u>8/10/05</u>

\_8/10/05 Date

Date