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COVER LETTER

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

SUBJECT:	/ (/ - /) .	UESALE INC		
	(PROPOSED CORPORA'	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an ong	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70,00	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
_	& Certificate of Status	& Certified Copy	Certified Copy	
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FROM:	KFIR ART	24	罗 ·罗	3 1
	Name	(Printed or typed)		3
	2825 N.W. 91	1 ST AVENUE	APT 205	
	A	Address	્રા છુ	
	CORAL SPRIN	IGS, FLORI	DA, 33065	
	City,	State & Zip		
	954-796			
	Daytime To	elephone 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: **ITALIAN WHOLESALE INC** ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2825 NW 91ST AVE #205 CORAL SPRINGS FL-33065 ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO SELL A VARIETY OF PRODUCTS ARTICLE IV SHARES The number of shares of stock is: 1 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): KFIR ARTZY-PRESIDENT 2825 NW 91ST AVE #205 CORAL SPRINGS FL-33065 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: KFIR ARTZY- 2825 NW 91ST AVE #205 CORAL SPRINGS FL-33065 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: KFIR ARTZY- 2825 NW 91ST AVE #205 CORAL SPRINGS FL-33065

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 Date

O4-13-2006

O4-13-2006

O4-13-2006

Date