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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

FILED

06 JUL 19 PM 3: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: POCKET STUFFERS FUC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

& Certificate of Status

\$78.75

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: MARK J. FRASER, ESQ.

Name (Printed or typed)

5347 SW 9157 TERRACE, SWITE A

Address

GAINESVILLE FL 32608

City, State & Zip

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	Al	RTI	CLE	I	NAME
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The name of the corporation shall be:

POCKET STUFFERS, INC.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6830 NW YOTH DRIVE GAINESVILLE, FL 32653

The purpose for which the corporation is organized is:

RESTAURANT

<u>ARTICLE IV SHARES</u>

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

KRAIG DEPUE PRESIDENT 6830 NW 40+L DRIVE GAINESVILLE, FL 32653

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

KRAIG DEPUE 6830 NW 40TH DRIVE GAINES VILLE, FL 32653

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KRAIG DEPUE 6830 NW 40TH DRIVE GAINESVILLE, FL 32653

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

7/11/06 Date