P08000044584

(Red	questor's Name)			
(Add	dress)			
(
(Address)				
(City	//State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
	—			
(Bus	siness Entity Nar	me)		
•				
(Document Number)				
(=	· · · · · · · · · · · · · · · · · · ·			
Certified Copies Certificates of Status				
Special Instructions to F				
Special Instructions to Filing Officer:				
<u>.</u>	•			
		Ì		
		· · · · · · · · · · · · · · · · · · ·		





300127231663

05/02/08--01033--005 **78.75

D8 MAY -2 PH 4:51
SECRETARY OF STATE
AND AHASSEE. FLORID

H

COVER LETTER.

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

BJECT: Cafe` C	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u>	UDE SUFFIX)
closed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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
		ADDITIONAL CO	DPY REQUIRED
FROM: Tir	n Murray Nam	e (Printed or typed)	
	620 Crown Oak Centre Ste 10	4 Address	
	Longwood, FL 32750	y, State & Zip	
	407-687-8272	Telephone number	

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

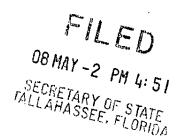
ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Cafe' Como, Inc



ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

620 Crown Oak Centre Ste 104 Longwood, FL 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Restaurant Business

ARTICLE IV SHARES

The number of shares of stock is: 100,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Tim Murray 620 Crown Oak Centre Ste 104

Longwood, FL 32750

President

ARTICLE VI REGISTERED AGENT

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

Tim Murray 320 Crown Oak Centre Ste 104 Longwood, FL 32750

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tim Murray 620 Crown Oak Centre Ste 104 Longwood, FL 32750

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

5 | 0 | 108

Date

5 | 0 | 108

Date