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SECRETARY OF STATE TALLAHASSEE FLORIDA

OODEC 31 PH 3: I



COVER LETTER

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

SUBJECT:	Dee's Sandwich Inn Inc.		
	(PROPOSED CORPORA	TE NAME - MUST INCL	
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee. Certified Copy & Certificate o Status PPY REQUIRED
FROM:	Name 13559	nya Solomon (Printed or typed) SW 164th Terr	
	Archer, Fl 32618 City, State & Zip 352-495-2351		
	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:

Dee's Sandwich Inn Inc.

PRINCIPAL OFFICE

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

13682 SW State Rd 45 Archer, FI 32618

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 200 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Keenya Solomon - 13559 SW 164th Terr; Archer, Fl 32618

- PO Box 813 Micanopy, FI 32667 Betty Martin



ARTICLE VI REGISTERED AGENT

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

Keenya Solomon 13559 SW 164th Terr Archer, Fl 32618

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is: Betty Martin 601 NW 7th Terr Micanopy, FI 32618

**************************************	* * * * * * * * * * * * * * * * * * *
	ess for the above stated corporation at the place designated in this
certificate, I am familiar with and accept the appointment as regist	ered agent and agree to act in this capacity
Klenye Solom	12/29/2008
Identh Mom	12/29/2000

ignature/Registered Agent

Date

12/29/2008

Date