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SECRETARY OF STATE

COVER LETTER

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

SUBJECT: PIERRE	E DELI INC (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: <u>ID</u>	RISSA L. GWEYE Name	(Printed or typed)	
	13807 ZION GATE DOURT	Address	
	JACKSONVILLE, FL 32224 City	, State & Zip	
	904-349-0106	Telenhone 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:

PIERRE DELI INC

ARTICLE II PRINCIPAL OFFICE

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

2 INDEPENDENT DRIVE SUITE 210 JACKSONVILLE, FL 32202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ALL AND ANY LEGAL BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): INDRISSA L. GUEYE 13807 ZION GATE COURT JACKSONVILLE, FL 32224

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: INDRISSA L. GUEYE
13807 ZION GATE COURT
JACKSONVILLE, FL 32224

ARTICLE VII _ INCORPORATOR

The <u>name and address</u> of the Incorporator is: INDRISSA L. GUEYE 13807 ZION GATE COURT JACKSONVILLE, FL 32224

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

Signature/Incorporator

01-09-09

Date

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