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SECRETARY OF STATE

COVER LETTER

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

SUBJECT:	(PROPOSED CORPORA	Itehen Inc. ATENAME-MUSTINCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 PY REQUIRED
FROM:	Stephanie . R	Haughton (Printed or typed)	
	17623 N.W		
	Miamu, Fl.	33015 , State & Zip	
	(784) 222- Daytime	4829 Felephone 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: Grannys	Kitchen Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3000 S. Adams 8+ Apt 412 Tallahassel, +1 32301 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and all lawful business	OS JAN 15 PM 4:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR E List name(s), address(es) and specific title(s): Stephanie Haughton 17623 NW 62 Pl Micami, Fl 33013	DIRECTORS
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT at Stephanie Haughton 17023 NW 62 Pt MIRAMI, Fl 33015 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Stephania Haughton	cceptable) of the registered agent is:
8tephanie Haughton 17623 NW 62 Pl Micami, Fl 33015 ************************************	****************
Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as registed	red agent and agree to act in this capacity
O.Timin	1-15-07
Signature/Registered Agent	Date
Signature/Incorporator	<u> 1- 15- 09</u> Date
D	2 333