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COVER LETTER

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

SUBJECT: Momma Donnas Inc.				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
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	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIRED		
FROM:	-	L DUCK (Printed or typed)		
2634 Arbor Lane				
Address				
	Boyal Pa	/m Beac State & Zip	h FL 3341	
		5738		
	nommadonnas X E-mail address: (to be/used	stabilitie for future annual report r	es @ yahoo. com	

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: Momma Donnas Inc ARTICLE II PRINCIPAL OFFICE eet address and mailing address, in una 2634 Arbor Lane Royal Palm Beach, FL 3341 PURPOSE T which the corporation is organized is: Restaurant The principal street address and mailing address, if different is: The purpose for which the corporation is organized is: ARTICLE IV SHARES $I \infty$ The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: The name and address of the Incorporator is: Royal Pain Boh FL 33411 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

Signature/Incorporator