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Florida Department of State
Division of Corporations
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To:
     Division of Corporations
     Fax Number   : (850)617-6381

From:
     Account Name   : YOUR CAPITAL CONNECTION, INC.
     Account Number : I20000000257
     Phone   : (850)224-8870
     Fax Number   : (850)222-1222

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

     Email Address:_____

FLORIDA PROFIT/NON PROFIT CORPORATION
TASTE OF THE ISLANDS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	$78.75

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10 SEP 20 PM 2:40

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I   NAME
The name of the corporation shall be:
TASTE OF THE ISLANDS, INC.

ARTICLE II   PRINCIPAL OFFICE
The principal place of business/mailing address is:
**3925 JOG ROAD
LAKE WORTH, FL 33467**
ARTICLE III   PURPOSE
The purpose for which the corporation is organized is:
NEW BUSINESS

ARTICLE IV   SHARES
The number of shares of stock is:
100 SHARES

ARTICLE V   INITIAL OFFICERS/DIRECTORS (optional)
The name(s) and address(es):
**STEPHEN WILLIAMS
10741 HIDDEN BEND WAY
WELLINGTON, FL 33414**
ARTICLE VI   REGISTERED AGENT
The name and Florida street address of the registered agent is:
**AUTHORINE GORDON WILLIAMS
10741 HIDDEN BEN WAY
WELLINGTON, FL 33414**

ARTICLE VII   INCORPORATOR
The name and address of the incorporator is:
**STHEPEN WILLIAMS
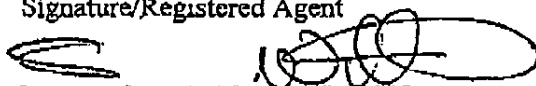10741 HIDDEN BEN WAY
WELLINGTON, FL 33414**

Having been 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

_____   9-20-10
Signature/Registered Agent   Date

_____   9-20-10
Signature/Incorporator   Date