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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
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FLORIDA PROFIT/NON PROFIT CORPORATION
continental foods corporation

Certificate of Status	0
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(2)

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

10 NOV 10 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: CONTINENTAL FOODS CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different than
8430 N SHERMAN CIRCLE	8430 N SHERMAN CIRCLE
SUITE F 507	SUITE F 507
MIRAMAR, FL 33025	MIRAMAR, FL 33025

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

ANY LEGAL BUSINESS/ACTIVITY PERMITTED IN THE STATE OF FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 1,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	P/S-DESMOND GABRIEL THOMAS	Name and Title:	D-DESMOND GABRIEL THOMAS Executive
Address:	8430 N SHERMAN CIRCLE SUITE F 507 MIRAMAR, FL 33025	Address:	8430 N SHERMAN CIRCLE SUITE F 507 MIRAMAR, FL 33025
Name and Title:	V/P-DENIS GODWIN OMETAN	Name and Title:	
Address:	8430 N SHERMAN CIRCLE SUITE F 507 MIRAMAR, FL 33025	Address:	
Name and Title:	T-GLADYS OGUGUA THOMAS	Name and Title:	
Address:	8430 N SHERMAN CIRCLE SUITE F 507 MIRAMAR, FL 33025	Address:	

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: DENIS GODWIN OMETAN
Address: 8430 N. SHERMAN CIRCLE, SUITE F 507
MIRAMAR, FL 33025

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: DENIS GODWIN OMETAN
Address: 8430 N. SHERMAN CIRCLE, SUITE F 507
MIRAMAR, FL 33025

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

Required Signature/Registered Agent — Date: 11/10/10

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator — Date: 11/10/10

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