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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
continental foods corporation

Certificate of Status	0
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

(2)

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: CONTINENTAL FOODS CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address
8430 N SHERMAN CIRCLE
SUITE F 507
MIRAMAR, FL 33025

Mailing address, if different:
8430 N SHERMAN CIRCLE
SUITE F 507
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
Address: 8430 N SHERMAN CIRCLE
SUITE F 507
MIRAMAR, FL 33025

Name and Title: D-DESMOND GABRIEL THOMAS Treasurer
Address: 8430 N SHERMAN CIRCLE
SUITE F 507
MIRAMAR, FL 33025

Name and Title: V/P-DENIS GODWIN OMETAN
Address: 8430 N SHERMAN CIRCLE
SUITE F 507
MIRAMAR, FL 33025

Name and Title:
Address:

Name and Title: T-GLADYS OGUGUA THOMAS
Address: 8430 N SHERMAN CIRCLE
SUITE F 507
MIRAMAR, FL 33025

Name and Title:
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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