

P10000098056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

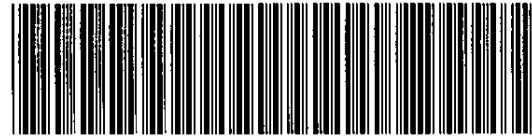
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DEPT. OF REVENUE
DIVISION OF CORPORATIONS

J 12/3/10

COVER LETTER

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

SUBJECT: MAKOTO THINK FOOD, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MAKOTO OKUWA
Name (Printed or typed)

100 KINGS POINT DR. #1211
Address

SUNNY ISLES BEACH, FL 33160
City, State & Zip

310-844-8359
Daytime Telephone number

makotookuwa@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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STATE DEPT OF
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME MAKOTO THINK FOOD, INC.
The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE
Principal street address
100 KINGS POINT DR. #1211
SUNNY ISLES BEACH, FL 33160

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of Florida other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the Florida Corporation Code.

ARTICLE IV SHARES
The number of shares of stock is: ONE MILLION (1,000,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAKOTO OKUWA PRESIDENT Name and Title: _____
Address: 100 KINGS POINT DR. #1211 Address: _____
SUNNY ISLES BEACH, FL 33160

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

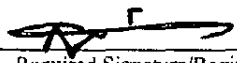
ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: MAKOTO OKUWA
Address: 100 KINGS POINT DR #1211
SUNNY ISLES BEACH, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Name: MAKOTO OKUWA
Address: 100 KINGS POINT DR #1211
SUNNY ISLES BEACH, FL 33160

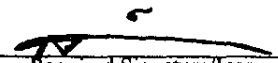
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/22/10
Date

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

11/22/10
Date