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COVER LETTER

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

SUBJECT: Medifood Inc			
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an original and one (1) copy of the artificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM: Mansour Azar			
415 B 2nd Ave North	e (Printed or typed) Address	ALLAHAS	2010 DEC 30
Lake Worth, Fl 33460 City,	State & Zip		
561-506-3900 Daytime T	elephone number		 သ
mansourazar@att.net E-mail address: (to be use	d for future annual report	t notification)	

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 The name of the c	NAME Medifood Inc			
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address	Mailing add	ress, if different is:	
	415 b 2nd Ave north		orth	
	Lake Worth, FI 33460		3460	
•				
4 D. WYCZ 13 137	numaaa	- '		
ARTICLE III	which the corporation is organized is:			
All lawful bu				
	ares of stock is:100			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS			
	Title:Michael Herro, P	Name and Title:		
Address:	1605 Renaissance Commons Blvd 129 Boynton Beach, Fi 33426			
Name and T	Fitle: Dobih Noos VD	Name and Title:		
Address:	Title: Rabih Nasr, VP 1605 Renaissance Commons Blvd 437	Address:		
Address:				
	Boynton Beach, Fl 33426			
Name and 1 Address:	Fitle: Mansour Azar, MGR 415 B 2nd Avenue North Lake Worth, El 33460	Address:		
APTICLE VI	REGISTERED AGENT			
	orida street address (P.O. Box NOT acceptable) of t	he registered agent is:		
Name:	Mansour Azar	no registered agent is.		
Address:	415 B 2nd Avenue North			
	Lake Worth, FI 33460			
			Sa w	
ARTICLE VII	<u>INCORPORATOR</u>			
The name and ad	Idress of the Incorporator is:			
Name:	Michael Herro			
Addr e ss:	1605 Renaissance Commons Blvd 129 Boynton Beach, Fl 33426)	9. Q	
	ned as registered agent to accept service of process am familiar with and accept the appointment as regis			
	New		19 07 10	
		" , " ', "	19.27.10	
	Required Signature/Registered Agent		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 I	Department of State constitutes a third degree felony	as provided for in s.817.155,	, F.S.	
	/ / /		107/10	
			12127110	
	Required Signature/Incorporator		Date	