(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:
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## **COVER LETTER**

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

SUBJECT: WE/BUR'S FAMO	US TASTE THE TENAME-MUST INCLUDE SUFFIX)
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLIUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: EMANUEL	DAPP
Name	(Printed or Typed)
2.0. Box	1308
A	ddress
QUENCY, Flor	<u> </u>
\$50 - 66 Daytime Te	elephone number
itsANU, incomparate	Tor future annual report notification)
E-mail address: (to be used	for future annual report 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)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

	AME	110 (			DIVISION OF COL	
The name of the corpo			PAMOUS	TASTE, INC	· 11 JUN 21 /	M 9: 5
ARTICLE II P	RINCIPAL OF Principal stre			Mailing address if i	1:cr !	
<u>B</u>	2/4 2 M	RIAKEL	· —	Mailing address, if d		_
	Quency	, A. 3235	5/ =			_
The purpose for which		n is organized is:				
Specia	TIZING	IN CAFE	RING S	EQUELE =		
INC	MAING	PARTY DI	la life.	a Cista	(	
EVER	NAS, C	hunches	, CITY,	SERVICE'S  SPECIAL  AND COUNTY	_	
ARTICLE IV SI	HARES	<i>N</i> 1,	(			
The number of shares	of stock is:	90				
ARTICLE V IN	IITIAL OFFIC	ERS AND/OR DIRE	ECTORS			
Name and Title: Address:	BRENDA PORO	BIAKLY	Name an Address:	d Title:		_
ridaress.		CY FOREDA			=	<del></del>
			<u> </u>	<del></del>		-
Name and Title:	WEIBU	A DAUES	Name an	d Title:		_
Address:	7820 -	3 Ab STREE	Address:			_
		CYTOKE	# <i>54.9</i> 5/			_
Name and Title:			Nama an	d Title:		<b></b>
Address:		<del></del>	Name an Address:	d Title		_
						_
•			<del></del>		<del></del>	_
	GISTERED A					
The name and Florida Name:	a street address EMANU	(P.O. Box NOT accept	table) of the register	ed agent is:		
Address:	821 -	2 nd smee				
	Que	ucy , Flore	DA 32351			
ARTICLE VII IN	CORPORATO	<u>R</u>			•	
The <u>name and addres</u>	s of the Incomor	POENA	,			
Name: Address:	- IVAN (2)	2 N. STAGE	2	•		
	QUEN	CY, FLORZDA	32351			
Having been named a	is registered age	nt to accept service of	nracess for the ah	ove stated corporation at 1	tha nlaca designated	' in
this certificate, I am fa	miliar with and	accept the appointmen	t as registered agen	t and agree to act in this c	ne place aesignalea apacity	""
		<u> </u>		,	1.00 100 00	,
7	Non-23 of	gnature/Registered Age			10/2011	<del>-</del>
_	•				Date	
I submit this documer document to the Depar				aware that the false infor d for in s.817.155, F.S.	mation submitted in	ı a
Brende.	Blakio.			6	10/2011	,
- u	Required	Signature/Incorporato	r	- <del></del>	Date	_
	U					