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From:

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Account Number : I20100000060
Phone : (305)828-1148
Fax Number : (305)828-1709

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## FLORIDA PROFIT/NON PROFIT CORPORATION AMERISNACK, INC.

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D. BEOLESZIONYTYCCOUNTING

2012 01/16 19:36 FAX 3058281709

Help

Monday, January 16, 2012

To Whom It May Concern:

I, Jamil T Shwel, President AMERISNACK, INC. have no intention of reinstating the mentioned corporation therefore; I release the name for to another entity.

Should you need additional information, please do not hesitate to inform me.

Jamil T Shwel

Sworn to and subscribed before me this 01/16/2012

Notary at Large

\* BLANCOMINESSION COMMISSION TO SUPPLY THE PROPERTY OF THE PRO

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

	NAME AMERISNACK, INC.		
ne name of the	corporation shall be:		
RTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing address, if different is:	
	2798 W 72ND PLACE	2798 W 72ND PLACE	
	HIALFAH FL 33016	HIALEAH FL 33016	
			<del>=====================================</del>
מזו ים נימינים		두호 :	_
	which the corporation is organized is:	₽ñ °	N N
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		SZ	7 =
			س م
			<b>₩</b>
		<u> </u>	₽
Dence in 117	SHARES	元 <b>本</b>	
	hares of stock is: 100		9
	mator of stook at	· •	
RTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u>:\$</u>	
	Title: JAMIL T SHWEL PRESIDENT	Name and Title:	
Address:	2798 W 72ND PLACE	Address:	
•	HIAL FAH FL 33016		
Name and	Title:	Name and Title:	
Address:		Address:	
•			
37	Trial	\t \ # \\ \T\\ \	•
Address:	Title:	Name and Trie:	
Addiess.			
	REGISTERED AGENT		
he <u>name and F</u>	lorida street address (P.O. Box NOT acceptable) of	the registered agent is:	
	JAMIL T SHWEL	_	
Address:	2798 W 72ND PLACE		
	HIALEAH EL 33016	_	
	INCORPORATOR		
te <u>name and ac</u>	ddress of the Incorporator is:		
Name:	JAMIL T SHWEL	_	
Address:	2798 W 72ND PLACE	<u>.</u>	
	HIALEAH FL 33016	<u>-</u>	
mina heen na	med as registered agent to accept service of proces	the the above stated componition at the place de-	سا تسميم
ls certificate. L	am familiar with and accept the appointment as reg	s for the tibere stated corporation at the page at Island name and cores to act in this canacity	okunten tu
	The same state of the same of	ssicia agass una agree io act pi inis capacity	
	8-8-3	01/16/2012	
	Required Simplify Marietand Asset		
	Required Signature/Registered Agent	Date	
submit this doc	cument and affirm that the facts stated herein are	true. I am aware that the false information sub	mitted in a
cument to the	Department of State constitutes a third degree felon	v as provided for in s.817.155. F.S.	
	The same of the sa		
	2 20	01/16/2012	