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## **COVER LETTER**

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

## SUBJECT: MELODY'S KEY LIME PIES, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$87.50 \$70.00 \$78.7*5* Filing Fee Filing Fee Filing Fee, Filing Fee Certified Copy & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Joseph A. Pereira, Jr. Name (Printed or typed) 10300 SW 72 St. #470J Address Miami, FL 33173 City, State & Zip <u>305 598-3180</u> Daytime Telephone number mrjoe1836@netzero.net 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)

ARTICLE I NA The name of the corpor	MELODY'S KEY LIME			
4 D. M. C.		FILED	<b>)</b>	
ARTICLE II PR	Principal street address	Meding Address if diff	anant ia	
<i>4</i> 71	Big Pine Rd.	Maning address in diri	l: 05	
	Largo, FL 33037	Stillitary	11-27	
TEA	Laigu, 1 L 33037	TALLAMIST ST. S.	Tare	
		The state of the s	DRICLA	
ARTICLE III PU	<u>RPOSE</u>	4+	'' H.G.	
	h the corporation is organized is:			
Any and all lega	ıl purposes			
	<u>HARES</u> of stock is: 1,000 Common Shares No	o Par Value		
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTO	RS		
	Melody Chapman PSTD			
	471 Big Pine Rd.			
	Key Largo, FL 33037			
	•	No. 1 miles		
Name and Title:		Name and Title:		
Address:	<u> </u>			
•				
Name and Title:		Name and Title:		
Address:		Address:		
		<u> </u>		
ADMICI DI	OLOGRAPED ACRES			
	EGISTERED AGENT	fithe registered examt is:		
Name:	a street address (P.O. Box NOT acceptable) of Joseph A. Pereira, Jr.	of the registered agent is:		
Address:	10300 SW 72 St. #470J	<del>_</del>		
Addiess.	Miami, FL 33173	_		
1	Wildliff, FC 55 175	<del></del>	,	
ARTICLE VII IN	CORPORATOR			
The name and addres	s of the Incorporator is:			
Name:	Joseph A. Pereira, Jr	=		
Address:	10300 SW 72 St. #470J	<del></del>		
	Miami, FL 33173			
this certificate, I am fa	as registered agent to accept service of procedumiliar with and accept the appointment as regional Required Signature/Registered Agent	gistered agent and agree to act in this cap		
U	Required Signature/Registered Agent		Date	
			uation submitted in a	
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.				
<u> </u>	1	A E	. / /	
marsh	a levera b.		6/15/12	
- Joseph J.	Required Signature/Incorporator		Date	
\ <i>/</i>	V. San J.	•		