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COVER LETTER

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

SUBJECT: KATVINGS JNC.				
	· ·	TE NAME – <u>MUST INC</u> I		
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: VIREN -A MEHTA Name (Printed or typed) 2/65 TREVOL ROAD Address				
ALM AMBOR, FC 3468. 727-249-6550 Daytime Telephone number				

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I <u>NAME</u> The name of the corporation shall be: RAVINGS INC. ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 2165 THEVER ROAD The purpose for which the corporation is organized is: FOOD KIOSK ARTICLE IV The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): VIKEN A. MEHTA 2165 TREVOR ROAD PALM HARSOR, FL 34683 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 2165 TRAVE ROAD The name and address of the Incorporator is: 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

Signature/Registered Agent

Signature/Incorporator