CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

P95000014573

NAME
FIRM
ADDRESS

PHONE ( )

Service: Top Priority — One Day Service; Regular — Two Day Service

To us via | Return via

Matter No | Express Mail No

State Fee $ | Our $

FEB 2 1 1995 3SB

REQUEST TAKEN CONFIRMED APPROVED

DATE

TIME CK No.

BY

WALK IN
Will Pick Up

RE: Alpha Courage Trust
Inc

of

C.C. USE | DISBURSED

- Capital Express
- Art. of Inc. File
- Corp. Record Search
- Ltd. Partnership File
- Foreign Corp. File
- ( ) Cert. Copy(s)
- Art. of Amend. File
- Dissolution/Withdrawal
- C.U.S.
- Fictitious Name File
- Name Reservation 400001411044 -02/21/95-01146-007 *****70.00 *****70.00
- Annual Report/Reinstatement
- Reg. Agent Service
- Document Filing
- Corporate Kit
- Vehicle Search
- Driving Record
- Document Retrieval
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- File No.'s. Copies
- Courier Service
- Shipping/Handling
- Phone ( )
- Top Priority
- Express Mail Prep
- FAX ( ) pgs

SUBTOTALS

FILED
95 FEB 21 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum

THANK YOU
from
Your Capital Connection

FILED
95 FEB 21 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

ALPHA OMEGA FOOD, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation shall be:

ALPHA OMEGA FOOD, INC.

The principal place of business of this corporation shall be: 3602 GRAND BOULEVARD, HOLIDAY, FLORIDA 34690. The mailing address of this corporation shall be: 3602 GRAND BOULEVARD, HOLIDAY, FLORIDA 34690.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock have $1.00 per value per share.

ARTICLE IV. TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE V. OFFICERS DIRECTORS

This corporation is to have one director and officer, initially. The name and street address of the initial director and officer who shall hold office for the first year of the corporation's existence, or until his successor is elected or appointed is:

VP) PAPADEMATOS

Vasilios ~~Papadematos~~	1105 Grand Boulevard
President	Holiday, Florida 34690

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to this Articles of Incorporation is:

Vasilios ~~Papadematos~~	1105 Grand Boulevard
VP) PAPADEMATOS	Holiday, Florida 34690

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 13th day of FEB 1995, 1995.

Signature of Incorporator:

x _____
Incorporator

STATE OF NEW YORK
COUNTY OF NEW YORK

THE FOREGOING instrument was acknowledged and sworn to before me this 13th day of FEB, 1995, by Vasilios Papadematos of ALPHA OMEGA FOOD, INC. VP) PAPADIMATOS

Notary Public

_____
My Commission Expires: 12/14/96
2/13/95

GILBERT ZIFF
Notary Public, State of New York
No. 31-5005506
Qualified in New York County
Commission Expires Dec 14 19 96

FILED
95 FEB 21 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

ALPHA OMEGA FOOD, INC.

2. The name and address of the registered agent and office is:

Name: VASILIOS PAPADEMATOS (VP) PAPADIMAS

Address: 3602 GRAND BOULEVARD

City: HOLIDAY State: FLORIDA Zip: 34690

2/13/95

GILBERT ZIFF
Notary Public, State of New York
No. [illegible]
Qualified in [illegible] County
Commission [illegible]

SIGNATURE [signature]
(Corporate Officer)

TITLE: PRESIDENT

DATE: [illegible]

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE [signature]

DATE: 2/13/95

2/13/95

GILBERT ZIFF
Notary Public, State of New York
No. [illegible]
Qualified in [illegible] County
Commission Expires [illegible]

[signature]

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 13 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000014573

1. Corporation Name: ALPHA OMEGA FOOD INC.

~~3602 GRAND BLVD.~~
~~NEW PORT RICHEY FL. 34652~~
Principal Place of Business

3602 GRAND BLVD.
NEW PORT RICHEY, FL. 34652
Mailing Address

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter corrected below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida: 2-21-95

5. FEI Number: 59-329-5708 — Applied For ☐ — Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	VASILIOS PAPPADIMATOS	3602 GRAND BLVD.	NEW PORT RICHEY, FL. 34652

100002030201--9
-12/17/96--01040--020
****375.00 ****375.00

VB 12-13-96

8. Name and Address of Current Registered Agent

VASILIOS PAPPADIMATOS
3602 GRAND BLVD.
NEW PORT RICHEY, FL. 34652

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (12/95)

10. I (we) being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] — REGISTERED AGENT MUST SIGN
Date: 12/9/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
12/9/96 — Date
(813) 846-9021 — Daytime Phone #