

P95000020751

S&B AK  
8016 N.W. 68th  
Miami, FL, 33166

400001428204  
-03/13/95--01071--011  
\*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

FILED  
95 MAR 13 PM 3:20  
STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

H. SIMS MAR 14 1995.

Examiner's Initials

**CERTIFICATE OF INCORPORATION**

**OF**

WE, the undersigned, hereby make, subscribe and acknowledge this certificate for the purpose of becoming a corporation under the laws of the State of Florida.

1. The name of the corporation shall be:

FAT FREEDOM, INCORPORATED.

and its existence shall be perpetual.

2. The general nature of the business to be transacted shall be THE SALE OF EDIBLE GOODS, and to invest in property of any kind, operate businesses, lend money, and to have all other powers provided by the laws of the State of Florida.

3. The capital stock of the corporation shall consist of fifty (50) shares, without nominal par value.

4. The amount of capital with which this corporation shall begin business is not less than FIVE HUNDRED DOLLARS.

5. The principal office of this corporation shall be

8716 N.W. 68 STREET, MIAMI, FL 33166

6. The number of directors shall be at least one (1), and the names and post office addresses of the first Board of Directors and Officers are:

<u>NAME</u>	<u>OFFICE</u>	<u>POST OFFICE ADDRESS</u>
1. ROMAN MARTINEZ	PRESIDENT	7025 S.W. 74 St. Miami, Fl. 33143
2. Jennifer Diaz	Treasurer	8205 N.W. Lake Dr. Apt. A-101, Miami, Fl. 33166

7. The names and post office addresses of the subscribers to this Certificate of Incorporation, and the number of shares each agrees to take, and the consideration therefore, the proceeds of which will amount to not less than FIVE HUNDRED DOLLARS (\$500.00), are as follows:

<u>NAME AND ADDRESS</u>	<u>NO. OF SHARES</u>	<u>CONSIDERATION</u>
1. ROMAN MARTINEZ	50	\$500.00

8. ROMAN MARTINEZ is hereby designated as the Registered Agent for the corporation and 7025 S.W. 74 ST., MIAMI, FL. 33143 its address.

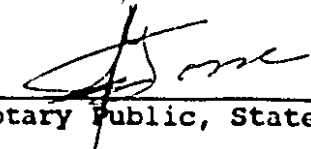
IN WITNESS WHEREOF, the undersigned hereby subscribe to this Certificate of Incorporation at Miami, Florida this 22 day of JANUARY, 1995, for the uses and purposes aforesaid.

  
ROMAN MARTINEZ

STATE OF FLORIDA )  
 ) SS.  
COUNTY OF DADE )

~~BEFORE ME~~, the undersigned authority, personally appeared  
ROMAN MARTINEZ JENNIFER DIAZ  
subscriber(s) and person(s) described in and who executed the  
foregoing Certificate of Incorporation, who acknowledged before  
me that they did subscribe thereto, and did so for the uses and  
purposes therein contained.

SWORN TO and SUBSCRIBED before me at Miami, Dade County,  
Florida this the 22 day of JANUARY, 1995

  
\_\_\_\_\_  
Notary Public, State of FL

My Commission Expires:




G. TORRES  
My Comm Exp. 6/23/98  
Bonded By Service Inc  
No. CC386693  
((Fidelity Surety)) ((06/23/98))

**CERTIFICATE OF DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN  
FLORIDA NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In compliance with Section 28.091, Florida Statutes, the following is submitted:

**FIRST--THAT**      **FAT FREEDOM, INCORPORATED**  
desiring to organize or qualify under the laws of the State of  
Florida, with its principal place of business at the City of  
Miami, State of Florida, has named **ROMAN MARTINEZ**  
located at      7025 S.W. 74 St. Miami, Fl. 33143      Florida,  
as its Agent to accept service of process within Florida.

  
\_\_\_\_\_  
**CORPORATE OFFICER**

**TITLE**      PRESIDENT

**DATE**      1-22-95

**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.**

  
\_\_\_\_\_  
**RESIDENT AGENT**

**DATE**      1-22-95

FILED  
55 APR 13 PM 3 20

DEBIT MEMORANDUM

TO :  
DEPARTMENT OF STATE

FOR OFFICIAL USE  
DATE 03/20/95 NUMBER 20751

STATE OF FLORIDA  
OFFICE OF STATE TREASURER  
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	995.00	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	995.00	OTHER	4

700001455537  
-04/13/95--01022--004  
\*\*\*122.50 \*\*\*122.50

CROSS REF	SAMAS CODE	DISTRIBUTION	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00		4	35.00
12	45-20-2-130001-45300000-00-000100-00		4	122.50
12	45-20-2-130001-45300000-00-000100-00		1	131.25
12	45-20-2-130001-45300000-00-000100-00		1	131.25
12	45-20-2-130001-45300000-00-000100-00		1	575.00

GRAND TOTAL: \$ 995.00

S30 41-B

No Serial  
fee's waived  
etc.

RECEIVED  
MAR 21 PM 1:35

Process Date: 03/20/95

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer

P 95 000020751

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 8, 1995

Roman Martinez  
7025 SW 74th St.  
Miami, Florida 33145

Subject: FAT FREEDOM, INCORPORATED  
Ref. Number: P95 000020751

Debit Memo#: 53041-B

The Division of Corporations is in receipt of your check for \$122.50 for replacement of check #461 which was returned from your bank because of Refer to Maker.

The service fee of \$15.00 required by law under section 215.34, Florida Statutes, was not included. We request that you remit a cashier's check or money order in the amount of \$15.00 which will cover this oversight.   
\*\*\*\*\*15.00 \*\*\*\*\*15.00

Please note: If this service fee is not received within 15 days from the date of this letter, your corporate name and address will be turned over to the Comptroller's Office for whatever action they deem appropriate.

Please send your check to my attention at the following address:

Division of Corporations  
Attn: Melinda Lilliston  
P.O. Box 6327  
Tallahassee, Florida 32314

If you have questions concerning this request, you may reach me at (904) 487-6900.

Sincerely,  
Melinda Lilliston  
Administrative Assistant I  
Division of Corporations

cc: Fat Freedom, Inc.  
8016 NW 68 Street  
Miami, Florida 33166

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314