

P96000003603

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

No 52280

RE: THE VILLAGES BAKERY
J. DELL CO.

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____
 One Day Service _____ Two Day Service _____

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

	C.O. FEE.	DISBURSED
Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert. Copy(s)	608894-688596 01/11/96-01011-026 ***122.50-***122.50	
Art. of Amend. File		
Dissolution/Withdrawal		
C U B		
Fictitious Name File		
Name Reservation		
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 Prop.		
FAX () pgs.		
SUBTOTALS		

RECEIVED
 01/11/96 11:11 AM
 122.50-122.50

95 JAN 11 AM 11:11
 RECEIVED
 DIVISION OF CORPORATE REGISTRATION

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	<u>PC</u>		

WALK-IN Will Pick Up 1/9 12:00

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

RECEIVED
 96 JAN 9 11 AM 10:20
 DIVISION OF CORPORATE REGISTRATION

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.

GB 1/11/96
THANK YOU
 from
 Your Capital Connection

TRANSMITTAL LETTER

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

FILED
96 JAN 11 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: THE VILLAGES RAYDON 7 DELI CO
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 122.50.

FROM: PAMELA PASC
Name (printed or typed)
999 TRAIL TERRACE #10
Address
NAPLES FLORIDA 34110
City, State, & Zip
(941) 263-1688
Telephone Number

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION

OF

FILED

THE VILLAGE BAKERY & DEL. CO

96 JAN 11 AM 11:40

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

THE VILLAGE BAKERY & DEL. CO.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

999 TRAIL TERRACE #D
NAPLES, FLORIDA 33940

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PAMELA PESS
999 TRAIL TERRACE, SUITE D
NAPLES, FLORIDA 33940

ARTICLE V INCORPORATOR(S)

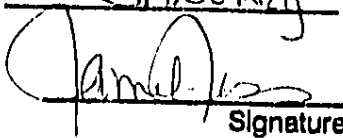
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MICHAEL S. MICELI, PRESIDENT
9517 GOLF SHORE DR # 201
DAPLES, FLORIDA 33963

PAMELA PACE VP/SEC
25222 GOLF LAKE CIRCLE
BONITA SPRINGS, FLA 33923

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

FORTIETH day of JANUARY, 19 96.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: THE VILLAGE BAKERY & DELI CO

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

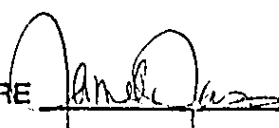
ANMELA PARRIS
(NAME)

999 TRAIL TERRACE # D
(P.O. BOX NOT ACCEPTABLE)

LANPLES, FLORIDA 33940
(CITY/STATE/ZIP)

STATE OF FLORIDA
TALLAHASSEE
96 JAN 1 AM 11:44

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 1-5-96