P9600005580

TRANSMITTAL LETTER

-17 1 Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 (\cdot) Festive Foods. Inc. Snack Shorpe, Inc. (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: ↑ \$70.00 \$78.75 **122.50** \$131.25 Filing Fee, Certified Copy Filing Fee Filing Fee Filing Fee & Certificate & Certified Copy & Certificate Additional Copy Required <u> W95-22353</u> FROM: Arthur and Linda Ward Name (printed or typed) 685,503 1261 Wolsey Drive Address 000001693900 Maitland, Fl. 32751 -01/22/96--01004--008 ****122.50 ****122.50 City, State & Zip (407) 629-9273 Linda Ward Daytime Telephone number **AUTHORIZATION BY PHONE TO** CORRECT COCP. NAME

NOTE: Please provide the original and one copy of the articles.

DATE 1-18-96 DOC. EXAM XI



(D)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 13, 1995

ARTHUR AND LINDA WARD 1261 WOLSEY DRIVE MAITLAND, FL 32751

SUBJECT: SNACK SHOPPE, INC. Ref. Number: W95000022353

We have received your document for SNACK SHOPPE, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$122.50.

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6927.

Kathy Hyman Document Specialist

Letter Number: 095A00050158

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ARTICLES OF INCORPORATION

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:

14:

FESTIVE FOODS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1261 Wolsey Drive
Maitland, F1. 32751

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Linda Ward 1261 Wolsey Drive Maitland, Fl. 32751

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

4A1

Linda Ward JR: Art Ward JR: 1261 Wolsey Drive Maitland, F1: 32751

| The undersigned inco | orporator(s) has(have) executed these Articles of Incorporation this |
|----------------------|--|
| | November , 19 gs . |
| **** | Linda Werd Signature |
| | Signature |
| | Acrobia de Las Acros Signature |
| | Signature |

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 corpo | ration is: | FESTIVE FOODS | INC. | <u> </u> |
|---|--|---|---|---|
| | | | | |
| 2. The name and address | s of the registere | ed agent and office is: | | d G |
| Martin Company | | Linda Ward | | |
| | | (NAME) | | |
| | (P.O. Box or | Mail Drop Box NOT ACC | ÉPTÁBLE) | |
| | · | Maitland, F1, (CITY/STATE/ZIP) | 32751 | |
| Having been named as corporation at the place agent and agree to act i relating to the proper an obligations of my positions. | designated in th n this capacity. d complete perfo | is certificate, I hereby I further agree to con ormance of my duties, | vaccept the appointm nply with the provision | nent as registered ons of all statutes |
| Line | (SIGNATURE) | il | November 3. | 1995 |

TRANSMITTAL LETTER

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

| SUBJECT: | | Inc | | | | | | |
|---------------------------------------|---|---|-------------------------------------|-------------|--|--|--|--|
| Enclosed is an originator: | | name - mustinclude su | | | | | | |
| for : \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate | \$122.50 Filing Fee & Certified Copy Additional Copy | \$131.25 Filing Fee, Certified Copy | and & check | | | | |
| FROM: | Arthur and Linda Ward Name (printed or typed) | | | | | | | |
| Maitland, Fl. 32751 City, State & Zip | | | | | | | | |
| | | | | | | | | |

NOTE: Please provide the original and one copy of the articles.