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Department of State Division of Corporations L'. O. Box 6327 Tallahasson, FL 32314

SUBJECT: \_

SANO LOW FAT

Enclo:	sad is an origina		copy of the articles of	Incorporation a	and a che	ck	
	Filing Fee	Filling Foo & Certificate	\$122.50 Filing Fee & Certified Copy  Additional Copy	Filing Fee, Certified Copy & Certificate Required	SECPE TALLA	SEH 20	-11
RECEIVED 96 HR 25 R 3 07		762 N.	CHABIB (printed or typed)  W. 7219 St. Address  NICE F1 3.2  Ny. State & Zip  -) 378 - 646 Telephone number	C03_		T 11_C C	

(Proposed corporate name - must include suffix)

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

3/25/96

## 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.

The name of the corporation shall be:

SANO LONGAT PIZZA INC

ARTICLE II PRINCIPAL OFFICE

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

SANO: Lowfat PizzA INC

3458 W. Unive Esity Arc

ARTICLE III SHARES

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

1000

Gainesville F1, 32605

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

Sherif HABIB
762 N.W. 22<sup>nd</sup> St.
Gainesville F1,32603

## 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):

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

25 day of MARCH, 19	96
- Hil Hell	
Signature	
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 REGISTERU DOFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	SANO LONFAT PIZZA INC	-
2.	The name and address of the regist	tered agent and office is:	<b>_</b>
		(NAME) Ess vo	
	762 10 (PO. Box	COT Mail Drop Box NOT ACCIPTABLE)	ŋ
	Courses	(CITY/STATE/ZIP)	コ

Having been named as registered agent and to accept service of process for the above tated 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 si tutes 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.

Jaj Halls 3/35/96 (DATE)