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

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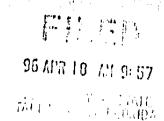
Filing Feo	Éiling Fee & Certificate	Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required	
FROM:	Sloria (I) Exander Name (printed or typed)			
	17230 N. N. 48 Th Mace Address			
			95 APR	
	(305 Daytime 1	82/-4/65 Telephone number	1956 (51)	15 T

(Proposed corporate name - must include suffix)

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



Secretary of State



March 6, 1996

GLORIA ALEXANDER 17230 NW 48TH PLACE MIAMI, FL 33055

SUBJECT: CARIBBEAN FOODS AND DELIGHTS, INC.

Ref. Number: W96000004956

We have received your document for CARIBBEAN FOODS AND DELIGHTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

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) 487-6931.

Garrett Blanton Document Specialist

Letter Number: 396A00009917

ARTICLES OF INCORPORATION

96 APR 18 AM 6 58

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:

Lindo & Acres, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1229 N.W. 119 SlaceT North Miami, Florida 33125

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DONOVAN PARKER 2915 N.W. 33 M Place Gainesville, Florida 32605

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):

Gloria Mexander 17230 N.W. 48th Place Miami, Florida 33055

DONOVAN TARKER 2915 N. W. 33-4 Place GAINESVILLE, Florida 32605

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

35 day of 4rels., 19 96.

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 REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

Linda & ACRES, INC.

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

DONOVAN

TARKER

(NAME)

2915 N. (N. 33 YH Place

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Gainesuile, Gl. 32605

(CITY/STATE/ZIP)

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)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314