

7960000 59875

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

NAME _____
 FIRM _____
 ADDRESS _____

 PHONE () _____

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

To us via _____ Return via _____

Master No. _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

R. CHESLER JUL 17 1996.

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY _____	_____	_____	_____

WALK-IN
 Will Pick Up _____

of _____ No 53085
 RE: Majida, Inc.

- ☐ Capital Express™
- ☒ Art. of Inc. File
- ☐ Corp. Record Search
- ☐ Ltd. Partnership File
- ☐ Foreign Corp. File
- ☒ () Cert. Copy(s)
- ☐ Art. of Amend. File
- ☐ Dissolution/Withdrawal
- ☐ C U S -
- ☐ Fictitious Name File
- ☐ Name Reservation
- ☐ Annual Report/Restatement
- ☐ 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 Prep.
- ☐ FAX () _____ pgs.

SUBTOTALS _____	
FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
_____	\$ _____

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.

THANK YOU
 from
 Your Capital Connection

RECEIVED
 JUL 17 PM 1:57
 OFFICE OF CORPORATION

ARTICLES OF INCORPORATION
OF

Majida, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **Majida, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 7400 Seminole Blvd., Seminole, FL 34642.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

All shares of stock in the corporation are assignable and any stockholder may sell, assign and transfer his shares and certificates of stock at pleasure, except that no shareholder may sell to one not a shareholder without first offering his stock for sale to all the other shareholders and the corporation, as provided herein, and giving them a reasonable opportunity to purchase. And except further, that no such transfer or assignment shall be valid unless and until it shall have been entered upon the books of the corporation, and the old certificates shall have been surrendered for cancellation to the secretary, and a new certificate or certificates issued in lieu of same.

FILED
55 JUL 17 PM 2:47
TALLAHASSEE, FLORIDA

The offer to sell shall be in writing and be based upon a bona fide offer from a non-shareholder to purchase the stock.

In the event neither the corporation nor any other shareholder agrees to meet the bona fide offer and purchase the shares within 30 days of receipt of the offer to sell, then the shares may be sold to the bona fide offeree and transferred on the corporation's books, accordingly.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is William A. Post, 20702 W Penn Ave, Dunnellon, FL 34431.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is

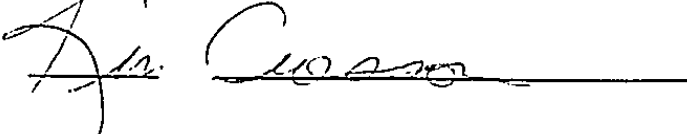
President, Mokhless K. Mugharbel, 9801 Vonn Rd., Seminole, FL 33776.

Vice President, Margaret Mugharbel, 9801 Vonn Rd., Seminole, FL 33776.

Secy-Treas, Mimi M. Stevens, 3970 Kingston Dr., Sarasota, FL 34238.

The undersigned has executed these Articles of Incorporation this 17th day of July 1996.

"Capital Connection, Inc. by Kim Crosson, Office Manager"

A handwritten signature in dark ink, appearing to read "Kim Crosson", is written over a horizontal line.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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.

RECEIVED
JUL 17 1984
TALLAHASSEE, FLORIDA

95 JUL 17 PM 2:47

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1. The name of the corporation is: Majida, Inc.

2. The name and street address of the registered agent and office is: William A. Post

20702 W Penn Ave

Dunnellon, FL 34431

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.

William A. Post

P96000059875

Margaret Mugharbel
Requestor's Name
9801 Vonn RD
Address
Seminole FL 33772
City/State/Zip Phone #

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 #)

300001968223
-10/08/96--01150--001
*****35.00 *****35.00

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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 checked="" 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

FILED
96 OCT 28 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JH 10/25



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

October 14, 1996

Margaret Mugharbel
9801 Vonn Rd.
Seminole, FL 33772

SUBJECT: MAJIDA, INC.
Ref. Number: P96000059875

We have received your document for MAJIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the enclosed Change of Registered Agent form.

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) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 796A00046638

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1a. The name of the corporation is: MAJIDA, INC.
- 1b. The mailing address of the corporation is: 9801 VONN RD.
SEMINOLE, FL 33772
- 1c. Date of incorporation: 7/17/96 Document number: P 96000059875
2. The name and address of the current registered agent and office:
WILLIAM A. POST
20702 W. PENN AVE.
DUNNELLON, FL 34131
3. The name and address of the new registered agent and office: (P.O. Box Not Allowed)
MARGARET MUGHARBEL
9801 VONN RD.
SEMINOLE, FL 33772

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96 OCT 28 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

10/24/96
(Date)

M. STEVENS, SEC. / TREAS.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

10/24/96
(Date)