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

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	Ze <i>N VeNdi[®] i</i> Proposad corporate i	NY SPECIALT COMP9. name - must include sumx)	SECR YALLA	neres
Enclosed is an origina for : \$70.00 Filing Fee	si and one (1) co \$78.75 Filing Fee & Certificate	\$122.50 \$131.25 Filing Fee Filing Fee, & Certified Copy & Certificate Additional Copy Required	SECRET LORIDA	
FROM:	A t.	Lee Berkowitz printed or typed) Ubbard to Royd Address		
	Wayne NJ 07470 City, State & Zip Jol 546-7005 Daytime Telephone number JUL 241996			

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

ARTICLES OF INCORPORATION

96 JUL 22 PH 12: 54

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

ARTICLE I NAME

The name of the corporation shall be:

Frozen Vendins Specialty Company

ARTICLE II PRINCIPAL OFFICE

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

(office) Miami

(11c Bestowitz 81 Hubbardlon Pd -> (Marling adies)

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: $100 ext{ } ext{$

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

Clic Lee Berkowitz

South Bay (10B Sou West Ave MAN: book F14,33139

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):

(in Berkowitz 81 Hubbardlow Ad Wayne No 07470

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
1) th day of July , 19 96.
(An additional article must be added if an effective date is requested.)
Signature
Signature
Signature

Notarization is not required

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 corporation is:	,	Specialty.
2. The name and address of the re	Com PaN y	
	Sic Beakowitz	SECRETARIAN SECRET
	(NAME) 800 West AUC 33/39 BOX OF Mail Drop BOX NOT ACCEPTABLE)	PHIZ: 54 22 PHIZ: 54 ASSEE, FLORI
	Box or Mail Drop Box NOT ACCEPTABLE) 14 of beach fly (CITY/STATE/ZIP)	LORIDA LORIDA

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) 13/96