

P 960000 76402

TRANSMITTAL LETTER

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

SUBJECT: Bite's On Wheels, Inc.  
(Proposed corporate name - must include suffix)

900001938679  
-09/04/96--01135--018  
\*\*\*\*131.25 \*\*\*\*131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: Leopoldo Espallat & Dayana Perez  
Name (printed or typed)

6501 S.W. 31 Street

Address

Miami, Florida 33155

City, State & Zip

(305)669-4189 or (305)670-4899

Daytime Telephone number

A. CHAS. ENRI

SEP 13 1996

W 96 - 18814

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State

September 9, 1996

LEOPOLDO ESPAILLAT  
6501 SW 31 STREET  
MIAMI, FL 33155

SUBJECT: BITE'S ON WHEELS, INC.  
Ref. Number: W96000018814

We have received your document for BITE'S ON WHEELS, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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) 487-6904.

Freida Chesser  
Corporate Specialist

Letter Number: 296A00041885

## 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:

Bite's On Wheels, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

6501 S.W. 31 Street  
Miami, Florida 33155

### ARTICLE III SHARES

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

50 - Leopoldo Espaillat  
50 - Dayana Perez

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Leopoldo Espaillat  
6501 S.W. 31 Street  
Miami, Florida 33155

**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):

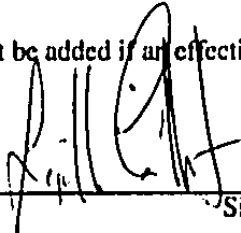
Leopoldo Espallat - President  
6501 S.W. 31 Street  
Miami, Florida 33155

Dayana Perez - Vice President  
6501 S.W. 31 Street  
Miami, Florida 33155

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

\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

(An additional article must be added if an effective date is requested.)

 President.  
\_\_\_\_\_  
Signature

 Vice President  
\_\_\_\_\_  
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: Bite's On Wheels, Inc.

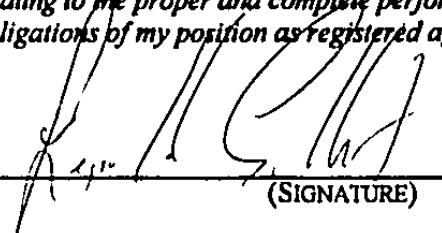
2. The name and address of the registered agent and office is:

Leopoldo Espallat  
(NAME)

6501 S.W. 31 Street  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, Florida 33155  
(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)

9/1/96  
(DATE)