

P96000091383  
TRANSMITTAL LETTER

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

SUBJECT: Flavor Force Inc.  
(Proposed corporate name - must include suffix)

300001995993--8  
-11/05/96--01093--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: David T. McKeen  
Name (Printed or typed)  
417 North Briggs Ave., # 722  
Address  
Sarasota, FL 34237  
City, State & Zip  
941-316-0850  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 NOV -4 AM 11:17

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

8/11/96

## ARTICLES OF INCORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 NOV -1 AM 11:47

*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:

Flavor Force Inc.

### ARTICLE II PRINCIPAL OFFICE

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

417 North Briggs Ave., #722  
Sarasota, FL 34237

### ARTICLE III SHARES

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

1,000 (One Thousand)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

David T. McKeen  
417 North Briggs Ave., #722  
Sarasota, FL 34237

**See instructions for officers/directors**

David T. McKeen  
417 North Briggs Ave., #722  
Sarasota, FL 34237

31 day of October, 19 96

David T. McKee  
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.

1. The name of the corporation is: Flavor Force Inc.

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

David T. McKeen  
(NAME)

417 North Briggs Ave., # 722

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

Sarasota, FL 34237  
(CITY/STATE/ZIP)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 NOV -4 AM 11:47

*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.*

David T McKeen  
(SIGNATURE)

Oct. 31, 1996  
(DATE)

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