

# P970000034368

## 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 \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

FILED  
97 APR 16 PM 2:55  
TALLAHASSEE, FL

K.R. APR 16 1997

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	4/16/97		
TIME	10:30		CK No. _____
BY	PN		

WALK-IN  
Will Pick Up \_\_\_\_\_

RE: Tropical Snacks, Inc.

	C.C. FEE.	DISBURSED
<input type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> ( ) Cert. Copy(s) <u>Photo</u>		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( ) _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> 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

**ARTICLES OF INCORPORATION  
OF  
TROPICAL SNACKS, INC**

FILED  
97 APR 16 PM 2:59  
SECRET  
TALLAHASSEE  
STATE  
FLORIDA

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:

**TROPICAL SNACKS, INC**

**ARTICLE II PRINCIPAL OFFICE**

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

**419 S. FEDERAL HWY UNIT 305  
POMPANO BEACH FL 33062**

**ARTICLE III CAPITAL STOCK**

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

**500 SHARES AT \$1.00 PAR VALUE**

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registration agent is :

**FELIX J. SANCHEZ  
1658 NE 30 TERRACE, POMPANO BEACH FL 33064**

**ARTICLE V INCORPORATOR(S)**

The name (s) and street address (es) of the incorporator(s) to these Articles of Incorporation is (are):

FELIX J. SANCHEZ 1658 NE 30 ST POMPANO BEACH FL 33064

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this  
15 day of April of 1997

Felix J. Sanchez

PRESIDENT  
FELIX J. SANCHEZ  
Signature

\_\_\_\_\_  
VICE-PRESIDENT

Signature

\_\_\_\_\_  
SECRETARY  
Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,  
THE UNDERSIGNED CORPORATION, ORGANIZED CORPORATION, ORGANIZED  
UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATION THE REGISTERED OFFICE/REGISTERED AGENT,  
IN THE STATE OF FLORIDA.**

**1. The name of the corporation is:**

**TROPICAL SNACKS, INC**

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

**FELIX J. SANCHEZ**

**1658 NE 30 ST POMPANO BEACH FL 33064**

**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 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.**

*\* Felix J. Sanchez*  
\_\_\_\_\_  
Signature

**APRIL 15, 1997**  
\_\_\_\_\_  
Date

FILED  
97 APR 15 PM 2:59  
TALLAHASSEE  
FLORIDA