

PG7000046198



**E. K. WILLIAMS OF EAST CENTRAL FLORIDA**

415 W. MAGNOLIA AVENUE • MERRITT ISLAND, FLORIDA 32952 • PHONE 452-5854

May 14, 1997

FAX  
407) 453-0131

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

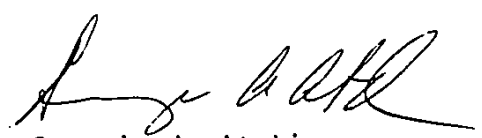
Bras.  
Gideon ~~Beacon~~ ENTERPRISES, INC.  
Re: Gideon Inc. ~~DBA Beacon Square Grocery~~

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with a check.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above corporation.

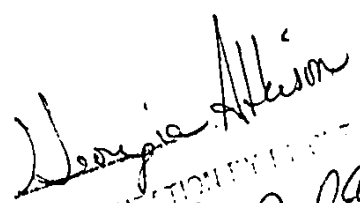
Very truly yours,

  
Georgia A. Atchison

FILED  
97 MAY 23 PM 2:41  
TALLAHASSEE, FLORIDA

GAA/ga  
cc  
encl

200002181592--1  
-05/16/97--01087--003  
\*\*\*\*127.00 \*\*\*\*127.00

  
AUTHORIZATION FOR FILING  
CORP NAME  
OK 5/23/97

W97-12171  
OK 5/23/97

## ARTICLES OF INCORPORATION

of

Gideon Bros. Enterprises, Inc.

(name of corporation)

FILED

97 MAY 23 PM 2:41

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

TALLAHASSEE, FLORIDA

### ARTICLE I - CORPORATE NAME

The name of the corporation is:

Gideon Bros. Enterprises, Inc.

### ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 100 shares of common stock, par value \$ 1.00 per share.

### ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS		
2143 SE Stargrass St.		
CITY	FLORIDA	ZIP
Port St Lucie		34984
Mailing address, if different		
STREET ADDRESS		
CITY	FLORIDA	ZIP

### ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Rafat Jadoun	
ADDRESS	2143 SE Stargrass St.	
CITY	FLORIDA	ZIP
Port St Lucie		34984

### ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Rafat Jadoun		
ADDRESS	2143 SE Stargrass St.		
CITY	Port St Lucie	STATE	Florida ZIP 34984
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

### ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Rafat Jadoun		
ADDRESS	2143 SE Stargrass St.		
CITY	Port St Lucie	STATE	Florida ZIP 34984
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 14th day of May, 19 97.

 (Signature)

\_\_\_\_ (Signature)

\_\_\_\_ (Signature)

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

FILED

97 MAY 23 PM 2:41

CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

Gideon Bros. Enterprises, Inc.

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 2143 SE Stargrass St.  
Port St Lucie, Fl 34984

has named Rafat Jadoun

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)*