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TRANSMITTAL LETTER

FILED

98 APR -9 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-04/09/98 --01040 --002

*****70.00 *****70.00

SUBJECT: Louis A. Chaves, Inc.
(Proposed corporate name - must include suffix)

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: Ballantyne Accounting Services, Inc.
Name (printed or typed)

903 N. Pine Hills Road
Address

Orlando, FL 32808
City, State & Zip

407-298-0122
Daytime Telephone number

APR 10 1998

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

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ARTICLES OF INCORPORATION

THE UNDERSIGNED, for the purpose of forming a Corporation under the Florida General Corporation Act, do hereby adopt the following Articles of Incorporation.

I

The name of the Corporation is: LOUIS A. CHAVES, INC.

address of the Corporation's principal office is:

5125 W COLONIAL DR
ORLANDO, FL 32808

II

The duration of the Corporation is perpetual.

III

The purposes for which the Corporation is organized are:

1. TO PRACTICE THE PROFESSION OF SELLING HEALTH FOODS TO THE GENERAL PUBLIC.
2. TO TRANSACT ANY OTHER BUSINESS THAT CORPORATIONS MAY LAWFULLY TRANSACT UNDER THE FLORIDA GENERAL CORPORATIONS ACT.

IV

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION IS AUTHORIZED TO ISSUE IS (ONE THOUSAND). SUCH SHARES SHALL BE OF A SINGLE CLASS AND SHALL HAVE A PAR VALUE OF 1 DOLLAR (\$1.00) PER SHARE.

V

The street address of the initial registered office of the Corporation is:

5125 W. COLONIAL DR
ORLANDO, FL 32808

VI

The name of the initial Registered Agent is:

LOUIS A. CHAVES

VII

The name and address of each Incorporator is:

LOUIS A. CHAVES
5125 W. COLONIAL DR
ORLANDO, FL 32808

Executed by the undersigned at Orlando, Florida on the 4th day of APRIL 1998.



LOUIS A. CHAVES

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority duly authorized in the State and County aforesaid, personally appeared LOUIS A. CHAVES known to be the person described as the subscriber and who executed the forgoing Articles of Incorporation and that it is true and correct to the best of my knowledge.

Dated this 4th day of April, 1998.

Linda F. Freeman

Notary Public



LINDA F FREEMAN
My Commission CC379692
Expires Jun. 27, 1998
Bonded by HAI
800-422-1555

ACCEPTANCE BY REGISTERED AGENT

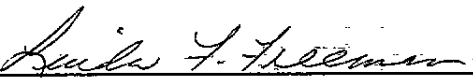
I, LOUIS A. CHAVES, agree to accept the designation of Registered Agent for LOUIS A. CHAVES, INC. as the Registered Agent. I agree to accept service of Process and to comply with all the other requirements of the Florida Statutes, Chapter 607 which apply to my capacity as a registered agent.

Dated this 4th day of April, 1998.



LOUIS A. CHAVES

Sworn to and subscribed before me this 4th day of April, 1998.



Notary Public



LINDA F FREEMAN
My Commission CC379692
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