

P980000 33645

TRANSMITTAL LETTER

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

300002485453--8
-04/10/98--01104--011
*****30.00 *****30.00

SUBJECT: Class Cuts Inc.
(Proposed corporate name - must include suffix)

300002485453--8
-04/10/98--01104--010
*****101.25 *****101.25

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: Michael W Pimentel
Name (Printed or typed)

170 ONEIDA ST.
Address

St. Augustine FL 32084
City, State & Zip

(904) 829-2407
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 APR 13 PM 3:29

FILED

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

B. BROCK APR 13 1998

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Class Cuts Inc.

ARTICLE II PRINCIPAL OFFICE

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

170 ONEIDA Street
St. Augustine FL. 32084

ARTICLE III SHARES

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

100

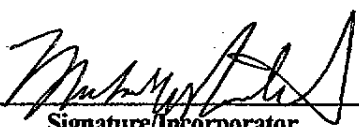
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Michael W Pimentel
170 oneida St.
St. Augustine FL
32084

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

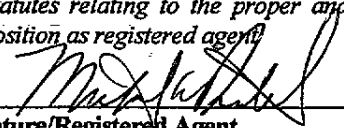
Michael W Pimentel
170 oneida St.
St. Augustine FL
32084


Signature/Incorporator

3-28-98
Date

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

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/Registered Agent

3-28-98
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 APR 13 PM 3:29

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