## P48@@@@35519

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

SUBJECT:	Proposed corpora	SEN TOOD ate name - must include suf		<del></del> .	
200002492452—2 -04/17/38-501077002 Enclosed is an original and one(1) copy of the articles of incorporation and a check for :					
Sinclosed is an original \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
	Rick Jorg	ADDITIONAL CO	PY REQUIRED		es e
FROM:	Name (Pr	rinted or typed)  S + P L N  Address		•	
	West-Palm City,		33412	98 APR SECRETI TALLAHA	-11
	561-795-6878  Daytime Telephone number			17 AN IO: 56 ARY OF STATE SSEE, FLORIDA	

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

9Nu-20-98

## 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:

Rick Jorgensen Foods, Inc

ARTICLE II PRINCIPAL OFFICE

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

13252 Mist PL N. West Palm Beach, FL 33412

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Rick Jorgensen 13252 71st PLN.
West Pulm Beach, FL 33412

ARTICLE V INCORPORATOR

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

RICK Jorgensen
13252 71st PLIN
West Palm Brock, FL 33412

Signature/Incorporator

4/15/98 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

Date