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5/21/98

FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.  
CONTACT: LIDIA FERNANDEZ  
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: SURFSIDE SURPLUS GROCERIES, INC.

AUDIT NUMBER.....H98000009626

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 3

CERT. COPIES.....0

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

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TALLAHASSEE FLORIDA

Bm 5/22/98

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ARTICLES OF INCORPORATION  
OF

SURFSIDE SURPLUS GROCERIES, INC

ARTICLE I NAME

The name of the corporation shall be:  
SURFSIDE SURPLUS GROCERIES, INC

ARTICLE II PRINCIPAL OFFICE

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

7135 S US HIGHWAY 1

PORT ST LUCIE, FL 34952

ARTICLE III CAPITAL STOCK

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

ONE THOUSAND (1000)

Prepared By: Triple Check Income Tax Service  
2506 Delaware Avenue  
Ft. Pierce, Fl. 34947  
(561) 461-5987

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ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS  
The name and address of the initial registered agent is:

MICHAEL MORROW

7135 S US HIGHWAY 1

PORT ST LUCIE, FL 34952

ARTICLE V INCORPORATOR

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

MICHAEL MORROW

7135 S US HIGHWAY 1

PORT ST LUCIE, FL 34952

The undersigned has executed these Articles of  
Incorporation this 21ST day of MAY, 1998.

  
MICHAEL MORROW, Incorporator

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

SURFSIDE SURPLUS GROCERIES, INC

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

MICHAEL MORROW

7135 S US HIGHWAY 1

PORT ST LUCIE, FL 34952

Signature:

*Michael M Morrow*  
PRESIDENT

Title:

Date:

5-21-98

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:

*Michael M Morrow*

Date: MAY 21, 1998

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TALLAHASSEE FLORIDA