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

		corporate name - must includ	·	
ed is an origina	and one(1) copy of the artic	les of incorporation and a	check for :	- <u></u>
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	S131. Filing For Certified & Certified	ee, i Copy
	ADDITIONAL COPY REQUIR			RED
FROM: _	RABI W. NESHEIW Name(	IAT Printed or typed)		
	_6403_KATHIEEN_B	POBOY 508 Address		SE SE
	KATHLEEN, FL.	. 33849		98 MAY 2 SECRETA ALLAHA!
	City	y, State & Zip		7 PI
	941-853-9384			PM 2: 41 POF STATEE, FLOR
Rabi Ne. AUTHORIZATIO	hewat GAVE N BY PHONE TO	Telephone number		TATE ORIDA
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NOTE: Please provide the original and one copy of the articles.

BR 5/29/98

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## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida SECRETARY OF STATE

Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE .	7	NAME
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The name of the corporation shall be:

KATHLEEN FOOD MARKET INC.

#### ARTICLE II PRINCIPAL OFFICE

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

6403 KATHLEEN RD. KATHLEEN, FL. 33849

## ARTICLE III SHARES

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

1000 SHARES

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

RABI W. NESHEIWAT P.O. BOX 508 6403 Kathleen Rd., Kathleen FL 33849 KATHLEEN, FL. 33849

#### ARTICLE V INCORPORATOR

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

RABI W. NESHEIWAT 100% SHARES OWNED BY RABI W. NESHEIWAT 6403 Kathleen Rd., Kathleen, FL 33849

Signature/Incorporator

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 agreeistered agent

Signature/Registered Agent

Date