

P98000054269  
TRANSMITTAL LETTER

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

600002559546--7  
-06/15/98--01052--017  
\*\*\*122.50 \*\*\*122.50

SUBJECT: Coastal Deli Provisions 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: Allen P. Shappe  
Name (printed or typed)

17400 NE 12 Ct.  
Address

No. Mimai Beach, Fl. 33162  
City, State & Zip

305-651-6176  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JUN 15 PM 1:58

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

6-17  
105

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

Coastal Deli Provisions Inc.

### ARTICLE II PRINCIPAL OFFICE

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

17400 NE 12 Ct., No. Miami Beach, Fl. 33162

### 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 address of the initial registered agent is:

Allen P. Shappe

17400 NE 12 Ct.

No. Miami Beach, Fl. 33162

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**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

1  
Anthony Brocco  
7600 Belmonte Bl.  
Margate, Fl. 33063

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11 day of June 19 98



Signature

Signature

Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
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: Coastal Deli Provisions Inc.

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

Allen P. Shappe

(NAME)

17400 NE 12 Ct.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

No. Miami Beach, Fl. 33162

(CITY/STATE/ZIP)

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*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.*

Allen P. Shappe  
(SIGNATURE)

6/15/98  
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314