PASSON TRANSMITTAL LETTER PROMOTE OF STATE

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



SUBJECT:	1	A	Candy	Ghoppe	, INC
SCHSEC1.		st include suffix)			

300002603203--4 -07/30/98--01075--020 ******70.00 ******70.00

Enclosed is an original	and one(1) copy of the articles	s 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: _	gasha L. Barz						
	Name (Printed or typed)						
1900 Centre Point BIVD							
Address							
TAIL, FL 32308							
City, State & Zip							
· _							
Daytime Telephone number							

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

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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.

The name of the corporation shall be: A CHYDY Choppe, INC.



PRINCIPAL OFFICE ARTICLE II

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

100 Centre Form BIVD #74

THI, FL 32308

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CASHA BAEZ 1900 CENTRE TOINE BIVD # 74

INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

GAFAHA BAEZ 1900 Centre Point BIVD # 74 TAIL/FL 32308

Signature/Incorporator

(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