TRANSMITTAL LETTER 98 AUG 20 AM 10: 28 Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Healthy Red Meat Distributors, Incorporated SUBJECT: (Proposed corporate name - must include suffix) 200002621112---08/20/98--01070--002 ****131.25 ****131.25 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED Sharlene D. Irwin FROM: Name (Printed or typed) 501 N. Orlando Avenue, Suite 313-242 Address Winter Park, Florida 32789

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

City, State & Zip

Daytime Telephone number

(407) 301-9116

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

The name of the corporation shall be:

Healthy Red Meat Distributors, Incorporated

PRINCIPAL OFFICE ARTICLE II

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

501 North Orlando Avenue Suite 313-242 Winter Park, Florida 32789

ARTICLE III SHARES

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

500,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Sharlene D. Irwin 501 North Orlando Avenue, Suite 313-242 Winter Park, Florida 32789

INCORPORATOR ARTICLE V

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

Sharlene D. Irwin 501 North Orlando Avenue Suite 313-242

Winter Park, Florida

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 ment

Signature/Registered Agent

Date