TRANSMITTAL LETTER

| P | 9 8 000 | . 736 | 13 | | | | |
|--|-------------------------------|--------------------------------------|---|--|--|--|--|
| Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 | | | LLAHASSEE, FLO | | | | |
| SUBJECT: | A P U L (Proposed corpora | A FOODS ate name - must include suff | INC S | | | | |
| | | <u>:</u> | 1 000026208 -08/20/9801 ****122.50 | | | | |
| Enclosed is an original ar | nd one(1) copy of the article | s of incorporation and a c | check for : | | | | |
| □ \$70.00 Filing Fee |) □ \$78.75 ► \$122.50 | | Signature \$131.25 Filing Fee, Certified Copy & Certificate | | | | |
| | | ADDITIONAL CO | PY REQUIRED | | | | |
| · FROM: | A chille Name (Printer | NiGRi d or typed) | · . | | | | |
| 1802 Longword Run Blus Address | | | | | | | |
| City, State & Zip | | | | | | | |

F. CHESSER AUG 2 4 1998

941- 355-451

Daytime Telephone number

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:

APULIA FOODS INC.

98 AUG 20 AM 9: 05
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ALYNL JARY UF SLAFL

ARTICLE II PRINCIPAL OFFICE

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

5802 LONGWOOD RUN BLUD SARASOTA FL 34243

ARTICLE III SHARES

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

(1000) one Thousans

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Achille Nigri 5802 Longwood Run BLUD SARASOTA FL 34243

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):

| The undersigned | I incorporator(s) has(have) executed these Articles of Incorporation thi |
|------------------|--|
| & day of | Ay 9457 , 19 FP |
| (An additional a | ticle must be added if an effective date is requested.) |
| | × |
| | Signature |
| | Signature |
| | Signature |

Notarization is not required

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 | PULIA | FOODS. | INC | | |
|--|-------|------------|-----|---|-------|
| 2. The name and address of the registered agen | | | | 186 186 | _ |
| Skov Lon (P. O. Box or Mail | • | CCEPTABLE) | | 98 AUG ZU ATT SEVALTARY OF TALLAHASSEE, F | ш |
| SARATOTA (C | | 34243 | | LORIDA | o. 05 |

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.