TRANSMITTAL LETTER

Department of State

Division of Control

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

COLD CUTS INC.

SUBJECT:

700002632947---7 -09/04/98--01126--020 ****131.25 ****131.25

(Proposed corporate name - must include suffix)			
	a as ea and	and o	about for
Enclosed is an original	and one(1) copy of the articl	es of incorboration and a	Check for .
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	**Siling Fee, Art. Certified Copy. & Certificate Siling Fee.
		ADDITIONAL CO	mi _ = 3
FROM:	WILLIAM F ERVIN		
Name (Printed or typed)			
1387 14TH AVE N Address			
NAPLES FL 34102 City, State & Zip			

F. CHESSER SEP 9 1998

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

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 NAME

The name of the corporation shall be:

Cold Cuts Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business of this corporation shall be:

5245 Shirley Street #3

Naples, Florida 34105

The mailing address of this corporation shall be:

1387 14th Avenue North

Naples, Florida 34102

ARTICLE III SHARES

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

1,000 common stock shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lisa Prokop

1387 14th Avenue North

Naples, Florida 34102

ARTICLE V INCORPORATOR

The NAME AND ADDRESS of the incorporator to these Articles of Incorporation are:

William F. Ervin

1387 14th Avenue North

Naples, Florida 34102

William 7. Even

9-1-98 Date

Signature/Incorporator

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 performances of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

9-1-48 Date