TRANSMITTAL LETTER

P98000107531

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

100002722431--S -12/24/98--01090--004 *****78.75 *****78.75

SUBJECT: P	alm Beach Pastry . (Proposed corpor	Tnc. ate name - must include suff	īx)	_
Enclosed is an original and \$70.00 Filing Fee	d one(1) copy of the article 3 \$78.75 Filing Fee Certificate	es of incorporation and a \$122.50 Filing Fee & Certified Copy	check for: \$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	Mary Lou France Name (P		PY REQUIRED	i.
- -	Falm Brach Gar	dens, Fl. 33418 State & Zip	SECRETARY OF	FILE:

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

Daytime Telephone number

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
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The name of the corporation shall be:

Falm Beach Pastry, Inc.

ARTICLE II PRINCIPAL OFFICE

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

772 Northlake Blvd. Lake Park, Fl. 33408

5569 Eaglelake Dr.

Falm Beach Gardens, FC. 33418

ARTICLE III SHARES

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

1,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Mary Low Francoeur 5569 Eaglelake Dr.

Palm Beach Gardens, FC.

INCORPORATOR

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

Mary Low Francoeur 5569 Eaglelake Dr.

Falm Beach Gardens, FC 33418

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

Date