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PROFESSIONAL BUSINESS SERVICE
104 SW 3RD AVENUE
OKEECHOBEE, FL. 34974-4217

Telephone: (941) 763-4591
FAX: (941) 763-6639

March 24, 1999

Division of Corporations
Department of State
409 E. Gaines Street
Tallahassee, FL. 32399

700002818987-29
-03/25/99-01112-002
*****70.00 *****70.00

Dear Division of Corporations:

Enclosed please find Articles of Incorporation for MUTHAN
Z-O QUALITY, INC. along with a check in the amount of \$70

for filing fee and designation of registered agent.

I will be calling Monday afternoon to get the registration
number so this corporation can also get their sales tax
number and alcoholic license.

Also enclosed is a photocopy of the Articles. Please
return this to me with the filing date stamped on it.

Thank you.

Lois Gray
Lois Gray, Owner

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR 25 PM 3:13

FILED

SHARON

MAR 30 1999

ARTICLES OF INCORPORATION

OF

MUTHANA Z-O QUALITY, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation:

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE I NAME

The name of the corporation shall be: Muthana Z-O Quality, Inc. The principal place of business of this corporation shall be:

1002 NW Park Street
Okeechobee, FL. 34972

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, country, territory, or nation.

ARTICLE III CAPITOL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 500 shares with a par value of \$1.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS-DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

President & Secretary: Zaben Nafal
P. O. Box 1234
Okeechobee, FL. 34973-1234

Vice-President & Treasurer: Muhamad Nawf Khalil
1002 NW Park Street
Okeechobee, FL. 34972

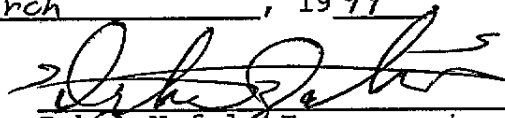
ARTICLE VI INCORPORATORS

The name(s) and street address(es) of the incorporator(s) to this Articles of Incorporation is(are):

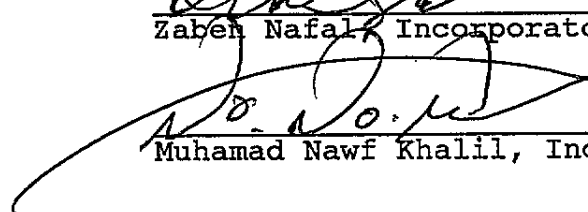
Zaben Nafal
P. O. Box 1234
Okeechobee, FL. 34973-1234

Muhamad Nawf Khalil
1002 NW Park Street
Okeechobee, FL. 34972

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 25th day of March, 1999



Zaben Nafal, Incorporator



Muhamad Nawf Khalil, Incorporator

STATE OF FLORIDA

COUNTY OF OKEECHOBEE

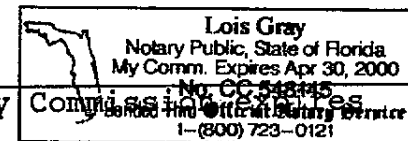
THE FOREGOING instrument was acknowledged and sworn to before me this 25th day of March, 1999

by ZABEN NAFAL & MUHAMAD NAWF KHALIL
(Name of Incorporator[s])

of MUTHANA Z-O QUALITY, INC.



Notary

My Commission Expires

Lois Gray
Notary Public, State of Florida
My Comm. Expires Apr 30, 2000
No. CC-54345
1-(800) 723-0121

CERTIFICATE DESIGNATING

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/redistricted agent in the State of Florida.

1. The name of the corporation is:

MUTHANA Z-O QUALITY, INC.

2. The name and address of the registered agent and office is:

ZABEN NAFAL

1002 NW PARK STREET

(P. O. Box not acceptable)

OKEECHOBEE, FLORIDA 34972

(City, State, Zip)

SIGNATURE [Signature]

(Corporate Officer)

TITLE Vice President

DATE 3-25-1999

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF THE STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE [Signature]

(Registered Agent)

Date 3-25-99

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA