

TRANSMITTAL LETTER  
P99000031838

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

**SUBJECT: Caribbean Flavor Distributors, Inc.**  
(Proposed corporate name-must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check or money order for:

COST  
\$78.75

Filing Fee  
& Certificate

900002827959-5  
-04/02/99--01066--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

From: Adron L. Muthra

17964 SW 29<sup>th</sup> Court  
Address

Miramar, FL, 33029  
City, State, Zip

(954) 437-0433  
Daytime Telephone Number

FILED  
99 APR -2 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BROCK APR 7 1999

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

**The name of the corporation shall be:**

Caribbean Flavor Distributors Inc.

### ARTICLE II PRINCIPAL OFFICE

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

17964 SW 29<sup>th</sup> Court  
Miramar, FL 33029

### ARTICLE III SHARES

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

The maximum number of shares that this corporation is authorized to have outstanding at any time is SEVEN THOUSAND FIVE HUNDRED (7,500) of common stock, each share having the par value of ONE DOLLAR (\$1.00)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

**The name and address of the initial registered agent is:**

Adron L. Muthra  
17964 SW 29<sup>th</sup> Court  
Miramar FL, 33029

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**ARTICLE V INCORPORATORS(S)**  
**See instructions for officers/directors**

**The names(s) and street address(es) of the incorporators is (are):**

Adron L. Muthra  
17964 SW 29<sup>th</sup> Court  
Miramar FL, 33029

**The undersigned incorporator(s) has (have) executed these articles of incorporation this**

10th day of February, 1999.

**(An additional article 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 IOWA 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 corporation is:**

Caribbean Flavor Distributors Inc..

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

Adron L. Muthra  
17964 SW 29<sup>th</sup> Court  
Miramar FL, 33029

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*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.*

Adron L. Muthra  
(SIGNATURE)

3/26/1999  
(DATE)

**DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**