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Division of Corporations

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To:

Division of Corporations

Fax Number : (85)

: (850)922-4001

From:

Account Name : INTEGRATED MANAGEMENT GROUP, INC.

Account Number : T19990000058
Phone : (954)753-6042
Fax Number : (954)753-1123

FLORIDA PROFIT CORPORATION OR P.A.

MOH'S FOOD OF DOLPHIN MALL, INC.

Certificate of Status	
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4/29/99

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ARTICLES OF INCORPORATION OF

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE ONE

NAME

The name of the corporation shall be:

MOH'S FOOD OF DOLPHIN MALL, INC.

16384 NW 21 STREET

PEMBROKE PINES, FL 33028

ARTICLE TWO

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

16384 NW 21 STREET PEMBROKE PINES, FL 33028

3.

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SECRETARY OF STATE
TALLANASSEE, FLORIDA

INTERGRATED MANAGEMENT GROUP, INC. 10139 NW 31ST STREET SUITE 101 CORAL SPRINGS, FL 33065 (954)753-2222 H990000102899 Sent By: ACCOUNTING OFFICES;

954 753 1123; Apr-30-99 11:23AM;

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ARTICLE THREE

CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is: SALLY MOH 16384 NW 21 STREET PEMBROKE PINES, FL 33028

ARTICLE FIVE

INCORPORATOR

The name and address of the Incorporator is: SALLY MOH 16384 NW 21 STREET PEMBROKE PINES, FL 33028

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The undersigned has executed these Articles of Incorporation this 30^{24} DAY OF APRIL.

Signature:

Date:

4/30/90

CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the previsions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

- 1. The name of the corporation is:

 MOH'S FOOD OF DOLPHIN MALL, INC.
- 2. The name and address of the registered agent SALLY MOH
 16384 NW 21 STREET
 PEMBROKE PINES, FL 33028

Signature:

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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:

Date: 4 30

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