

TRANSMITTAL LETTER
P9900003953

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

100002857421--7
-04/29/99--01118--016
*****87.50 *****87.50

SUBJECT: CUSTOM SIPPERS Inc.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MARK G. TOPELX
Name (Printed or typed)
219 NE 35th St
Address
MIAMI, FL 33137
City, State & Zip
(305) 758-4681
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR 29 AM 7:14

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

5-4
WS

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:

CUSTOM SIPPERS INC.

ARTICLE II PRINCIPAL OFFICE

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

CUSTOM SIPPERS INC.
219 NE 35th St.
MIAMI, FL 33137

ARTICLE III SHARES

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

1 share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

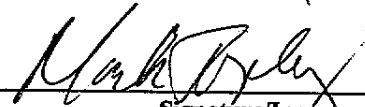
The name and Florida street address of the initial registered agent are:

MARK TOPEY
219 NE 35th St
MIAMI, FL 33137

ARTICLE V INCORPORATOR

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

MARK TOPEY
219 NE 35th St
MIAMI, FL 33137



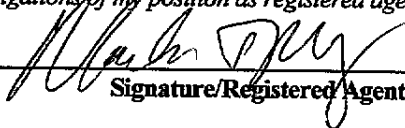
Signature/Incorporator

4/26/99

Date

(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

4/26/99

Date

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