

TRANSMITTAL LETTER

P99000060176

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

800002919308--5  
-06/30/99--01045--001  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: AG OFFEE INC.  
(Proposed corporate name - must include suffix)

FILED  
99 JUN 30 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: SANDRA MIGNOTT  
Name (Printed or typed)

9613 SW 152 AVE  
Address

MIAMI, FL 33196  
City, State & Zip

305-388-9309  
Daytime Telephone number

F. CHESSEN JUL 5 1999

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

# 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:

Ago ffee Inc.

## ARTICLE II PRINCIPAL OFFICE

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

3164 NW 88<sup>th</sup> AVE, Sunrise, Florida 33351

## ARTICLE III SHARES

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

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SANDRA MIGNOTT  
9613 SW 152 AVE  
MIAMI, FL. 33196

## ARTICLE V INCORPORATOR

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

SANDRA MIGNOTT  
9613 SW 152 AVE  
MIAMI, FL. 33196

Sandra Mignott  
Signature/Incorporator

6/17/99  
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

Sandra Mignott  
Signature/Registered Agent

6/17/99  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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