## TRANSMITTAL LETTER

P990000 62953

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



SUBJECT: Md D'S FABULOUS FOOD CO.

100002926391--9 -07/08/99--01063--003 \*\*\*\*\*87.50 \*\*\*\*\*87.50

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

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee,

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	MICHAEL		age allesse — less en les €		
	Name (Printed or typed)				
	774 N W.	755			

Address

City, State & Zip

(305) 759-9091

Daytime Telephone number

F. CHECGAN

JUL 1 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.

ARTIC The name	LE I NAME e of the corporation shall be:	M + D'S	FABULOU	SFOR	99CUL -8
ARTIC The princ	ipal place of business and ma	iling address of this co	rporation shall be:	STATE STATE	₩ 9: \u3
ARTIC:	per of shares of stock that this	corporation is authori	zed to have outstanding	at any one time is:	<b>:</b>
ARTIC		STERED AGENT	AND STREET AD	DRESS	
The name	and Florida street address of	DE 774	M.M. 783	5+	•
		M	DAMIT, FO	-33150	
ARTICI	E V INCORPORATO		,		
The nam	and address of the incorpor		of Incorporation are:		•
M	tethael Ci	ORE 47	99-A N.W	.7AU	
		MI	AMI, FC 3	33127	<u>-</u> -
<u>_</u>	Mal CW	7	6/2	1/99	
•	Signature/Incorporator			Date	
	۷			· •	•
			-		

(An additional article must be added if an effective date is requested.)

riaving been namea as registerea agent and to accept service	of process for the above stated corporation at the place designated in thi
certificate, I hereby accept the appointment as registered ag	ent and agree to act in this capacity. I further agree to comply with th
provisions of all statutes relating to the proper and complete	lete performance of my duties, and I am familiar with and accept th
obligations of my position as registered agent	
Mehal Cut	6/2/199
Signature/Registered Agent	Date