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OTHER FILINGS  Annual Report  Fictitious Name  Name Reservation	REGISTRATION/ QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other	99 SE
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# ARTICLES OF INCORPORATION OF TROPICAL SMOOTHIE VENTURES III, INC.

FILED

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LLUNETART UP STATE TALLAHASSEE, FLORIDA

THE UNDERSIGNED incorporator, for the purpose of forming a corporation for profit under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

#### ARTICLE I. NAME

The name of the Corporation shall be Tropical Smoothie Ventures III, Inc.

## ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 1908 NE Capital Circle, Unit B, Tallahassee, Florida 32308.

## ARTICLE III. CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at any one time is 1,000 shares.

## ARTICLE IV. INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Stuart E. Goldberg, Esq., 2120 Killarney Way, Tallahassee, Florida 32308.

## ARTICLE V. INCORPORATOR

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

Samuel L. Osborne 1346 Silver Moon Drive Tallahassee, Florida 32312

The undersigned has executed these Articles of Incorporation this day of September,
1999.
Sal X Odi Incorporator
STATE OF FLORIDA COUNTY OF LEON
I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Sam Osborne,

WITNESS my hand and official seal in the County and State named above this 24th day of September, 1999

personally known or who did produce \_\_\_\_\_\_ as identification, the person described as the incorporator in and who executed the foregoing Articles of Incorporation,

and acknowledged before me that he subscribed the same.

(Signature of Person Taking Acknowledgment)
(Print Notary Name/Commission Number/Expiration Date)

Toni M. Singletary
MY COMMISSION # CC668059 EXPIRES
November 7, 2001
BONDED THRU TROY PAIN INSURANCE, INC.

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE ACCEPTANCE OF APPOINTMENT

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Pursuant to the provisions of 607.0501, Florida Statutes, the undersigned corporation, and 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 the corporation is Tropical Smoothie Ventures III, Inc.
- The name and address of the registered agent and office is Stuart E. Goldberg, Esq.,
   2120 Killarney Way, Tallahassee, Florida 32308.

Tropical Smoothie Ventures III, Inc.

By: Jay Var Its President

Date: 9/7/89

## ACCEPTANCE OF APPOINTMENT AS RESIDENT AGENT

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: Atual Ment

Date: 9-7-99