TRANSMITTAL LETTER

P99000106388

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

SUBJECT:	Boxoside Ribs Inc.
	(Proposed corporaté name - must include suffix)

900003061809--5 -12/06/93--01097--022 ******37.50 ******07.50

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

ADDITIONAL COPY REQUIRED

FROM: Gioria Douglas
Name (Printed or typed)

.815 West Main Street
Address

Tavares, FL 32778
City, State & Zip

(352) 742 - 3424

Daytime Telephone number

FILED
1999 DEC -6 PN 4: 1
SECRETARY OF STATE
TALLAHASSEF, FI DRIN

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

ARTICLES OF INCORPORATION

FILED

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

1999 DEC -6 PM 4: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The name of the corporation shall be: Road 5:de Rips, Inc.

PRINCIPAL OFFICE ARTICLE II

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

815 west main street Tavares, FL 32718

ARTICLE III

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

500

<u> ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

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

TIONE DOUGIAS lavares, FL 32778

ARTICLE V INCORPORATOR

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

Gioria Douglas 29540 Camp Road lavares, FL 32778

(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

December 1, 1999