

TRANSMITTAL LETTER

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

SUBJECT:

MACARENA FOODS, INC.

(Proposed corporate name - must include suffix)

400003071384--2

-12/15/99--01072--011

\*\*\*\*\*87.50 \*\*\*\*\*87.50

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 L. SCHMIDT

Name (Printed or typed)

8320 W. SUNRISE BLVD., #215

Address

PLANTATION, FL 33322

City, State & Zip

(954) 472-6450

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 DEC 15 AM 8:20

FILED

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

K. Rolfe

DEC 17 1999

## 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:

MACARENA FOODS, INC.

### ARTICLE II PRINCIPAL OFFICE

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

8320 W. SUNRISE BLVD., #215  
PLANTATION, FL 33322

### ARTICLE III SHARES

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

10,000 SHARES

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARK L. SCHMIDT  
8320 W. SUNRISE BLVD., #215  
PLANTATION, FL 33322

### ARTICLE V INCORPORATOR

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

MARK L. SCHMIDT  
8320 W. SUNRISE BLVD., #215  
PLANTATION, FL 33322



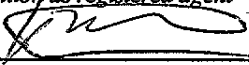
Signature/Incorporator

12/13/99

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

12/13/99

Date

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99 DEC 15 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA