

TRANSMITTAL LETTER

P00000111075

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

500003479455--7  
-11/29/00--01033--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: WE HAVE THE DOUGH INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: Angela Florian  
Name (Printed or typed)

4361 Cactus Avenue  
Address

SARASOTA, FL 34231  
City, State & Zip

941-809-0454  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 NOV 29 AM 8:50

FILED

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

T. Burch DEC 4 2000

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

WE HAVE THE DOUGH, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

935 BENEVA ROAD NORTH  
SARASOTA, FL 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OWN AND OPERATE A  
Restraunt

ARTICLE IV SHARES

The number of shares of stock is:

10,000. @\$1.00 per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Angela FLORIAN  
4361 CACTUS AVENUE  
SARASOTA, FL 34231

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ANGELA FLORIAN  
4361 CACTUS AVENUE  
SARASOTA, FL 34231

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANGELA FLORIAN  
4361 CACTUS AVENUE  
SARASOTA, FL 34231

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

11/27/00  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11/27/00  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA