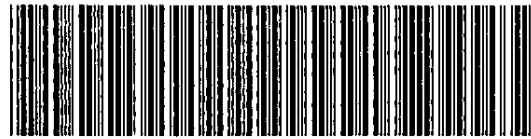


P11000009636



600192298006

01/26/11--01014--010 **78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILED
11 JAN 26 PM 12:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
1/28/11

COVER LETTER

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

SUBJECT: 3 Sisters Foods Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Jeff Chapkin
Name (Printed or typed)

12448 NW 54 Ct.
Address

Coral Springs, FL 33076
City, State & Zip

954-892-0568
Daytime Telephone number

jeffchapkin@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME 3 Sisters Foods Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
12448 NW 54 Court
Coral Springs, FL 33076

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

To conduct any lawful business activity.

ARTICLE IV SHARES
The number of shares of stock is: 600

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeff Chapkin, President
Address: 12448 NW 54 Court
Coral Springs, FL 33076

Name and Title: Vicki Chapkin, Treasurer
Address: 12448 NW 54 Court
Coral Springs, FL 33076

Name and Title: Kerry Jenny - Secretary
Address: 5080 SW 116 Ave
Cooper City, FL 33330

Name and Title: Tracey Liberatore - vice president
Address: 14565 SW 144 PL CR
Miami, Florida
33186

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jeff Chapkin
Address: 12448 NW 54 Court
Coral Springs, FL 33076

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeff Chapkin
Address: 12448 NW 54 Court
Coral Springs, FL 33076

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]
Required Signature/Registered Agent

1/21/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

1/21/11
Date

FILED
11 JAN 26 PM 12:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA