P11000009636

(Requestor's Name)			
(Address)			
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(Address)			
(Addiess)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			

Office Use Only



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SECRETARY OF STATE
OF STATE

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COVER LETTER

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

SUBJECT: 3 Sisters Foods Inc.					
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:				
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status				
	ADDITIONAL COPY REQUIRED				
·					
FROM: Jeff Chapkin	(Drinted on tomod)				
12448 NW 54 Ct.	(Printed or typed)				
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 The name of the o	NAME: 3 Sisters Foods Inc.			
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address			Mailing address, if different is:
	12448 NW 54 Court	_	******	
	Coral Springs, FL 33076	_		
		_		· · · · · · · · · · · · · · · · · · ·
ARTICLE III				
The purpose for	which the corporation is organized is:			
To conduct	any lawful business activity.			JAN 26
ARTICLE IV The number of sh	SHARES ares of stock is: 600			SSEE FLOOR
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	RS		707
Name and	Title: Jeff Chapkin, President		nd Title	:Vicki Chapkin, //e#50/C/
Address:	12448 NW 54 Court	_ Address	s:	12448 NW 54 Court
	Coral Springs, FL 33076	_		Coral Springs, FL 33076 ⇒
Name and '	Fither Constant	— Nama a	a d Tidla	Tracay Liberatore - Vive AMSIA A
Address:	Title: Karry Janny - Secretary	Name a		14576 CAT HALD OF CR
11441033.	Cooper City FL 33330	_ Addies:	3.	Miani, Florida
()		_		33186
Name and	Fitle:	Name a	nd Title	: :
Address:				
				
		_		
ARTICLE VI	REGISTERED AGENT			
	lorida street address (P.O. Box NOT acceptable) o	f the registe	ered age	nt is:
Name:	Jeff Chapkin	_		
Address:	12448 NW 54 Court	_		
	Coral Springs, FL 33076	_		
	<u>INCORPORATOR</u>			
	Idress of the Incorporator is:			
Name:	Jeff Chapkin			
Address:	12448 NW 54 Court Coral Springs, FL 33076			
	ned as registered agent to accept service of processam familiar with and accept the appointment as reg			
I submit this doc	cument and affirm that the facts stated herein are	e true. I ar	n aware	e that the false information submitted in a
	Department of State constitutes a third degree felor			
	11/1/1			1/2/11
	Hollen-			
	Required Signature/Incorporator	•		Daté