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TALLAHASSEE, FL 32310-0001

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16 JAN 20 AM 10:59

JAN 21 2016

T SCHROEDER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 964200 7167205

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : January 20, 2016

ORDER TIME : 9:38 AM

ORDER NO. : 964200-005

CUSTOMER NO: 7167205

DOMESTIC FILING

NAME: MASCHIO'S FOOD SERVICES OF  
FLORIDA, INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** MASCHIO'S FOOD SERVICES OF FLORIDA, 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      ☐ \$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:** RICHARD J LAMBERT, ESQ  
Name (Printed or typed)  
DUNN LAMBERT, L.L.C., EAST 80 ROUTE 4  
Address  
PARAMUS, NEW JERSEY 07652  
City, State & Zip  
201-291-0700  
Daytime Telephone number  
RLAMBERT@NJBIZLAWYER.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**  
The name of the corporation shall be: MASCHIO'S FOOD SERVICES OF FLORIDA, INC

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
1200 SOUTH OCEAN BOULEVARD  
UNIT 7A  
BOCA RATON, FL 33432

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS FOR WHICH  
CORPORATIONS MAY BE INCORPORATED UNDER THE PROVISIONS OF THE FLORIDA STATUTES.

**ARTICLE IV SHARES**  
The number of shares of stock is: 10,000 shares common stock  
without par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

19 JAN 29 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Richard J Lambert

Address: Dunn Lambert, LLC, East 80 Route 4

Paramus, NJ 07652

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

By: \_\_\_\_\_

Required Signature/Registered Agent

Doreen S. Haeselin, Asst. V.P.

*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.*

\_\_\_\_\_  
Richard J. Lambert

Required Signature/Incorporator

Richard J. Lambert

1/20/2016

Date

1/20/16  
Date

16 JAN 20 AM 8:46  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

(FILED)