

N114100005673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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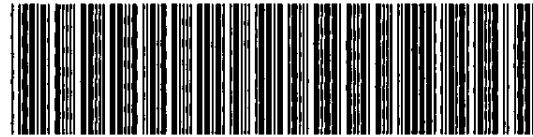
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUN 12 PM 1:00

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JUN 10 2014

[Handwritten signature]

COVER LETTER

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

SUBJECT: FAMILY FOOD EXPERT 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

ADDITIONAL COPY REQUIRED

FROM: ROBERT B. STEVENS
Name (Printed or typed)

6031 GLENDALE DRIVE
Address

BOCA RATON, FL 33433
City, State & Zip

561-414-7831
Daytime Telephone number

ROBERT.B.STEVENS@ATT.NET
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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: FAMILY FOOD EXPERTS INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

6031 GLENDALE DR.

BOCA RATON, FL

33433

Mailing address, if different is:

SAME

14 JUN 12 PM 1:00

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO EDUCATE FAMILIES BY
PROVIDING NUTRITIONAL PROGRAMS AND INFORMATION THAT
HELP THEM TO IDENTIFY, SELECT, AND PREPARE
HEALTHIER FOODS. THE KID KRITICS APPROVED PROGRAM
EDUCATES CHILDREN ABOUT MAKING BETTER FOOD CHOICES THEY
WILL LOVE TO EAT.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: APPOINTED

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: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: ROBERT B. STEVENS

Address: 6031 GLENDALE DR
BOCA RATON, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT B. STEVENS

Address: 6031 GLENDALE DR
BOCA RATON, FL 33433

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

 (ROBERT B. STEVENS)
Required Signature of Registered Agent

JUNE 2, 2014
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

 (ROBERT B. STEVENS)
Required Signature of Incorporator

JUNE 2, 2014
Date