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TRANSMITTAL LETTER

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

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-08/23/00--01104--020
*****87.50 *****87.50

SUBJECT:

BEST BITE 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:

ALLAN S JONES

Name (Printed or typed)

5825 ORANGE ROAD

Address

WEST PALM BCH. FL 33413-1878

City, State & Zip

561-616-0009

Daytime Telephone number

allan

GAVE

AUTHORIZATION BY PHONE TO

CORRECT name

DATE 8-29-00

7c

F. CHEN

AUG 29 2000

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

FILED

00 AUG 23 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

BEST BITE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5825 ORANGE ROAD
WEST PALM BCH FL 33413-1878

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MOBILE FOOD VENDOR

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ALLAN S JONES / PRESIDENT
5825 ORANGE RD / TREASURER
W.P.B. FL 33413

KIMBERLY M JONES
5825 ORANGE ROAD
W.P.B. FL. 33413-1878
V.P. / SECRETARY

ARTICLE VI REGISTERED AGENT

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

ALLAN S JONES
5825 ORANGE ROAD
WEST PALM BCH FL 33413-1878

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALLAN S JONES
5825 ORANGE ROAD
W.P.B. FL 33413-1878

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

Date

Signature/Incorporator

Date

FILED
00 AUG 23 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8-21-2000

8-21-2000