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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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Codified Coding		i në Chatun		
Certified Copies	_ Centificates	or Status		
Special Instructions to	Filing Officer:			

Office Use Only



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02-18-03

TRANSMITTAL LETTER

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

SUBJECT: Chris LARANN IMPEK INC-(Whole sale Food Distribu
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

ed 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: LARA C. DORISMOND Name (Printed or typed)				
181 NW 78th TERR				
MARGATE FL 33063 City, State & Zip				
	754 246 03 Daytime Te	78_ lephone number	<u> </u>	

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

ARTICLES OF INCORPORATION

Signature/Incorporator