

P040000018720

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04 JAN 20 PM 3:15

SECURITY  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

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

**SUBJECT: SQUARE MEALS, 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  
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: LISA LEVIN**

Name (Printed or typed)

2666 TIGERTAIL AVENUE, #202

Address

MIAMI, FLORIDA, 33133

City, State &amp; Zip

305.854.5371

Daytime Telephone number

**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:  
SQUARE MEALS, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
2666 TIGERTAIL AVENUE, #202  
MIAMI, FLORIDA, 33133

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO ENHANCE PEPLES LIVES BY PROVIDING NUTRIOUS MEALS

**ARTICLE IV SHARES**

The number of shares of stock is:  
1,000,000

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

List name(s), address(es) and specific title(s):  
LISA LEVIN, PRESIDENT AND SECRETARY  
2666 TIGERTAIL AVENUE, #202  
MIAMI, FLORIDA 33133  
BARBARA ROSSY LEVIN, VICE PRESIDENT AND TREASURER  
3976 194TH TRAIL  
SUNNY ISLES BEACH, FLORIDA 33180-2283

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
LISA LEVIN  
2666 TIGERTAIL AVENUE, #202  
MIAMI, FLORIDA 33133

**ARTICLE VII INCORPORATOR**


The name and address of the incorporator is:  
LISA LEVIN  
2666 TIGERTAIL AVENUE, #202  
MIAMI, FLORIDA, 33133

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stuted 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

JANUARY 8, 2004

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

JANUARY 8, 2004

\_\_\_\_\_  
Date

**FILED**

04 JAN 20 PM 3: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA