

PD4000129499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

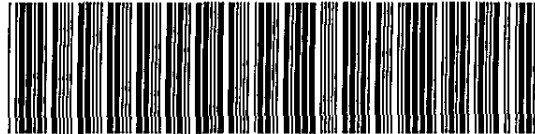
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500040674305

FILED

04 SEP 14 PM 12:41

DEPARTMENT OF STATE
FALL ARLISSIE, FLORIDA

RECEIVED

01 SEP 14 AM 11:14

DEPARTMENT OF STATE
FALL ARLISSIE, FLORIDA

09-11-14
18

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Multimeals, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED
04 SEP 14 PM 12:41
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
MULTIMEALS, INC.**

The undersigned person(s), acting as incorporator(s) of a corporation organized under the laws of Florida, hereby adopt(s) the following Articles of Incorporation:

**ARTICLE I
CORPORATE NAME**

The name of this corporation is MULTIMEALS, INC.

**ARTICLE II
INITIAL PRINCIPAL OFFICE**

The mailing address of the corporation's initial principal office is:

4797 NW 72nd Ave. Miami, Fl 33166

With the privilege of having branch offices at other places within or without the State of Florida.

**ARTICLE III
SHARES**

The total number of shares which the corporation shall have authority to issue is 100 shares with a par value of \$1.00 per share

**ARTICLE IV
REGISTERED OFFICE AND AGENT**

The name and address of the initial registered agent is:

John Pinto
4797 NW 72nd Ave.
Miami, Fl 33166

Articles of Incorporation

**ARTICLE V
INCORPORATORS**

The names and addresses of the incorporators to these Articles of Incorporation are:

NAME	ADDRESS
John Pinto – President	4797 NW 72nd Ave. Miami, Fl 33166
Dustano Pinto – Treasurer	4797 NW 72nd Ave. Miami, Fl 33166
Yerka Rupprecht – Secretary	4797 NW 72nd Ave. Miami, Fl 33166

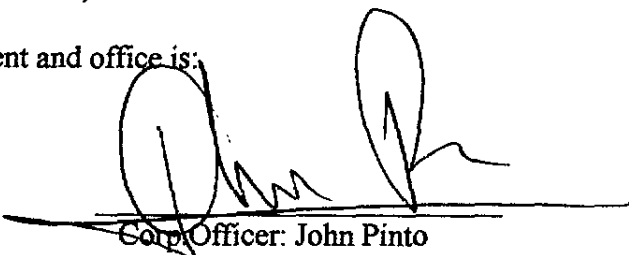
CERTIFICATE DESIGNATING RESIDENT AGENT

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is: **MULTIMEALS, INC.**

The name and address of the registered agent and office is:

**John Pinto
4797 NW 72nd Ave.
Miami, Fl 33166**



Corp Officer: John Pinto
President

Date: September 10, 2004

Having been named to accept service of process for the above stated corporation at place designated in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.




John Pinto – September 10, 2004

Articles of Incorporation

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County above-named to take acknowledgments, personally appeared **John Pinto** to me known to be the person described as the Resident Agent, and who executed the foregoing Certificate and acknowledged before me that he executed the foregoing Certificate Designating Resident Agent.

In witness hereof, I set my hand and official seal in the County and State named above, this 10th of September, 2004.


Notary Public



Juan Taboada
MY COMMISSION # DD029185 EXPIRES
September 29, 2005
BONDED THRU TROY FAIR INSURANCE, INC.