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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C&3-31

## COVER LETTER

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

**SUBJECT:** St. Gabriel Foods Company

(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:** Nicola Annistopoulos

Name (Printed or typed)

2647 Wilson Street

Address

Hollywood, Florida 33020

City, State & Zip

305 514 2231

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:

St. Gabriel Foods Company

## **ARTICLE II      PRINCIPAL OFFICE**

The principle street address and mailing address, if different is:

2647 Wilson Street  
Hollywood, Florida 33020

## **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

Food Vendor

## **ARTICLE IV      SHARES**

The number of shares of stock is:

100

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

List name(s), address(es) and specific title(s):

Nicola M. Annistopoulos  
President

## **ARTICLE VI      REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Nicola M. Annistopoulos  
2647 Wilson Street  
Hollywood, Florida 33020

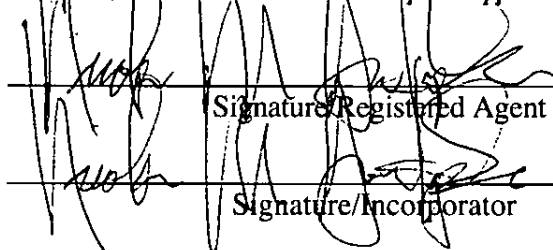
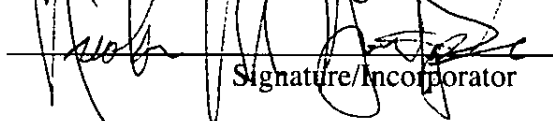
## **ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

Nicola M. Annistopoulos  
2647 Wilson Street  
Hollywood, Florida 33020

\*\*\*\*\*

*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  
  
  
\_\_\_\_\_  
Signature Incorporator

3.27.08  
\_\_\_\_\_  
Date  
  
3.27.08  
\_\_\_\_\_  
Date

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA