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SECRETARY OF STATE

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## **COVER LETTER**

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

SUBJECT: Summit Food Services, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
-	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an origina	al and one (1) copy of the art	icles of incorporation and	a check for:	
Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	& Certified Copy	& Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: Summit Food Services, Inc.  Name (Printed or typed)  1800 N Elm St  Address				
_ }	lenderson K	Y 42420 State & Zip	<u> </u>	
_2	70 826 05 Daytime T	95 Telephone number		
$-\mathcal{J}$	miller eers high E-mail address: (to be use	roper fies. Com d for future annual report n	otification)	

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: Summit Food Services, Inc. ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 1800 N Elm St Henderson Ky 42420 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Restaurant ARTICLE IV SHARES The number of shares of stock is: 1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Don R. Ershig Z323 Sunset Lane Henderson Ky 42420 President ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Penny Ershig 1262 Waggle Way Naples, Fl 34/05 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Henderson, Ky 42420 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 June 24 2009