# P0900056627

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(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
<b>(D</b>				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



100156018741

06/15/09--01037--010 \*\*78.75

07/01/09--01035--001 \*\*50.00

mr)

FILED

09 JUN 30 PH 3: 23

SECRETARY OF STATE
INLLAHASSEF FINISE.

1.) 69-28042

### **COVER LETTER**

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

SUBJECT: 21 54 Cook''Inc.
Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:
FEES:
Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75
OPTIONAL:
Certificate of Status \$ 8.75  Roscanne (printed or typed)
1949 Fireside Ct. Address
Casselberry, FC 32707
Daytime Telephone Number
E-mail address: (to be used for future annual report notification)



June 16, 2009

ROSEANNE SMITH 1949 FIRESIDE CT CASSELBERRY, FL 32707

SUBJECT: QUALITY KITCHEN INC

Ref. Number: W09000028042

We have received your document for QUALITY KITCHEN INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 509A00020338

## 5. corp

### CERTIFICATE OF DOMESTICATION

Th	ne undersigned, Ropland Smith, Sole Profitorship	IJ
	(Name) (Title)	
of	Quality Litchen Inca foreign corporation,	,
in	accordance with s. 607.1801, Florida Statutes, does hereby certify:	
1.	The date on which corporation was first formed was $7-1-00$ ,	\ :- !~
2.		,
	came into being was	,
3.	The name of the corporation immediately prior to the filing of this Certificate of Domestication was QUALITY KITCHEN INC	Ş
4.	The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant t	
	s. 607.0202 and 607.0401 with this certificate is $215+C00k$ /nC.	
5.	The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was	
6.	Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.	
La	m PRESident, of 21 St COOK Inc.	
and	d am authorized to sign this Certificate of Domestication on behalf of the corporation and have done	
	this the 26 day of June 2009,	
	Rosianie Amit	
	(Authorized Signature)  ALL AHASS	7
	Filing Fee:	7
	Certificate of Domestication  Articles of Incorporation and Certified Copy Total to domesticate and file  \$ 50.00 \$ 78.75 \$ \times \frac{5}{25} \t	J
	Total to domesticate and me	

### ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I

NAME THE NAME OF THE CORPORATION SHALL BE: 21 St Cook Inc.

ARTICLE II PRINCIPAL OFFICE  THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:    QY Q FIRE S I OLL CT  COSSEL BERKY FL 32727  ARTICLE III PURPOSE  THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:  SALLS OF HOUSE WAS PRODUCTS	OS UM 30 SECRETORIOS
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS:	·
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:  PROJUME ROSEANNES SMIM	
ARTICLE VI INITIAL REGISTERED AGENT AND STREET THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE  IGUA FIRE SIDE OF  COSSELBERRY FLORENCE SMITH  ARTICLE VII INCORPORATOR  THE NAME AND ADDRESS OF THE INCORPORATOR IS:  I AUA FIRESIDE CHE  COSSELBERRY FLORENCE  TO SEAN DESMITH	REGISTERED AGENT IS:
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN	I AM FAMILIAR WITH AND THIS CAPACITY.
ROSEANNE SMITH Signature/Registered Agent ROSIANNE Smith Signature/Incorporator/Registered Agent	6-26-09 Date 6-26-07 Date