

P10000085795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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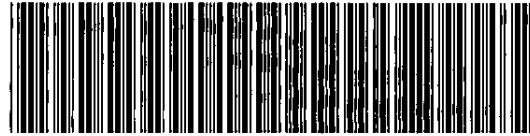
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/19/10--01019--007 **78.75

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10 OCT 19 PM 3:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
10/20

COVER LETTER

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

SUBJECT: Kwest Specialty Foods 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: Michael D. Cirella

Name (Printed or typed)

273 Sawgrass Ct.

Address

Naples, Fl. 34110

City, State & Zip

239-313-3250

Daytime Telephone number

mcirella@comcast.net

E-mail address: (to be used for future annual report notification)

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: **Kwest Specialty Foods Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
273 Sawgrass Ct.
Naples, FL 34110

Mailing address, if different is:
Kwest Specialty Foods
P.O. Box 367414
Bonita Springs, FL 34136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Prepared Specialty Foods

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Michael D. Cirella President**
Address: **273 Sawgrass Ct.**
Naples, FL 34110

Name and Title: _____
Address: _____

Name and Title: **Lisa A. Loiacono Secretary**
Address: **273 Sawgrass Ct.**
Naples, FL 34110

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **Michael D. Cirella**
Address: **273 Sawgrass Ct.**
Naples, FL 34110

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Michael D. Cirella**
Address: **273 Sawgrass Ct.**
Naples, FL 34110

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

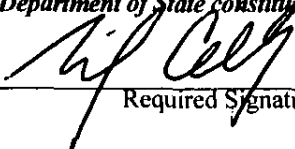


Required Signature/Registered Agent

10/15/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10/15/2010

Date