

P10000091986

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

APPROVED
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10 NOV 10 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
continental foods corporation

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

10 NOV 10 AM 10:37

ARTICLE I NAME CONTINENTAL FOODS CORPORATION

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
8430 N SHERMAN CIRCLE
SUITE F 507
MIRAMAR, FL 33025

Mailing address, if different
8430 N SHERMAN CIRCLE
SUITE F 507
MIRAMAR, FL 33025
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LEGAL BUSINESS/ACTIVITY PERMITTED IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P/S-DESMOND GABRIEL THOMAS
Address: 8430 N SHERMAN CIRCLE
SUITE F 507
MIRAMAR, FL 33025

Name and Title: D-DESMOND GABRIEL THOMAS *President*
Address: 8430 N SHERMAN CIRCLE
SUITE F 507
MIRAMAR, FL 33025

Name and Title: VP-DENIS GODWIN OMETAN
Address: 8430 N SHERMAN CIRCLE
SUITE F 507
MIRAMAR, FL 33025

Name and Title: _____
Address: _____

Name and Title: T-GLADYS OGUGUA THOMAS
Address: 8430 N SHERMAN CIRCLE
SUITE F 507
MIRAMAR, FL 33025

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

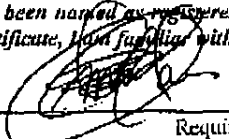
Name: DENIS GODWIN OMETAN
Address: 8430 N SHERMAN CIRCLE SUITE F 507
MIRAMAR, FL 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

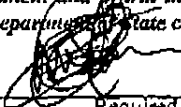
Name: DENIS GODWIN OMETAN
Address: 8430 N SHERMAN CIRCLE SUITE F 507
MIRAMAR, FL 33025

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 fulfilling with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

11/10/10
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

11/10/10
Date

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