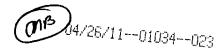
P11000047125

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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COVER LETTER

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

SUBJECT: STRAWBERRY F	ields, Ivc
(PROPOSED CORPOR	ATE NAME A MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the ar	rticles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: LARY BUDNICK	ne (Printed or typed)
1316 MADISON ST	Address
HOLLYWOOD, FL 330)19 y, State & Zip
954-347-6747 Daytime	Telephone number
lary@strawberryfieldsin E-mail address: (to be us	C.COM sed for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



RECEIVED 11 MAY 18 PK 12: 48

FLORIDA DEPARTMENT OF STATE ISLAN OF CORPORATIONS Division of Corporations

May 6, 2011

LARY BUDNICK 1316 MADISON ST HOLLYWOOD, FL 33019

SUBJECT: STRAWBERRY FIELDS, INC

Ref. Number: W11000025340

We have received your document for STRAWBERRY FIELDS, INC and your check(s) totaling \$70.00. 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.

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) 245-6931.

Becky McKnight Regulatory Specialist II Supervisor New Filing Section

Letter Number: 111A00011137

STRAWBERRY FIELDS NATURALLY, INC

Lary (954) 347-6747- Cell Lary & Strawberry Fields inc. con

www.sunbiz.org

ARTICLES OF INCORPORATION

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

"NATUCALLY 1286

ARTICLE I N	STRAWBERRY FIELD STRAWBERRY FIELD FIRE STRAWBERRY FIELD	S, INC	<u> </u>
	Show Bened Field) NATURA	lly, eve
ARTICLE II P	RINCIPAL OFFICE		Nation address if different in
<u>13</u> :	Principal <u>street</u> address 16 MADISON ST		Mailing address, if different is:
HO	LLYWOOD,FL. 33019		
ARTICLE III P	URPOSE		
The purpose for which	ch the corporation is organized is:		₩
Healthy All Nat	ural Food Concession		≓ ∑s
			ECSE HAY
			= 921
			8 00 00 00 00 00 00 00 00 00 00 00 00 00
ARTICLE IV S	HARES		A 20
The number of shares			→ (A
The hameer of shares			œ. 🚉
	NITIAL OFFICERS AND/OR DIRECTO		50
Name and Title	::Lary Budnick	Name and Tit	le:
Address:	1316 Madison St		
	Hollywood, Fl 33019		
		<u></u>	
Nome and Title	::	Name and Tit	املا
Address:		Address:	
Address.		Addiess.	
}			
I_{I}			
¥ Name and Title	:	Name and Tit	tle:
Address:		Address:	
		_	
ARTICLE VI R	EGISTERED AGENT		
	la street address (P.O. Box NOT acceptable)	of the registered as	ent is:
Name:	Lary Budnick		5
Address:	1316 Madison St		
	Hollywood, Fl 33019	_	
	•		
	NCORPORATOR		
	ess of the Incorporator is:		
Name:	Lary Budnick		
Address:	1316 Madison St		
	Hollywood, FI 33019		
Having been named	as registered agent to accept service of proce familiar with and accept the appointment as re	ss for the above	stated corporation at the place designated in
and confidence, I am	annua van una uccepi ine appointment un in	gistered agetti att	
7. 74			4/9/11
Man L	Required Signature/Registered Agent		Date
	Required Signature/Registered Agent		Date
I submit this docume	ent and affirm that the facts stated herein ar	e true. I am awa	re that the false information submitted in a
document to the Dep	artment of State constitutes a third degree felo	ny as provided foi	r in s.817.155, F.S.
4 ~ .	~		
~amst	5		4/9/11
V/0	Required Signature/Incorporator		Date