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Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
STAHL-MEYER FOODS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

K 05/19/11

COVER LETTER

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

SUBJECT: Stahl-Meyer 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: Ana Gonzalez

Name (Printed or typed)

294 Southwest Harvey Greene Drive

Address

Madison, Florida 32340

City, State & Zip

201-538-6825

Daytime Telephone number

acongonza@stahlmeyer.com

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: Stahl-Meyer Foods, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
294 Southwest Harvey Greene Drive
Madison, Florida 32340-4266

Mailing address, if different is:

P.O. Box 937
Madison, FL 32341

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Meat Processing Company

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ana Gonzalez
Address: 294 Southwest Harvey Greene Drive
Madison, Florida 32340-4266

Name and Title: Secretary/Director

Address: _____

Name and Title: Guillermo O. Gonzalez
Address: 294 Southwest Harvey Greene Drive
Madison, Florida 32340-4266

Name and Title: President

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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ana Gonzalez
Address: 294 Southwest Harvey Greene Drive
Madison, FL 32340-4266

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
C T Corporation System

By: Barbara A Burke

Barbara A. Burke
Special Assistant Secretary 5-18-11

Required Signature/Registered Agent

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.

[Signature]
Required Signature/Incorporator

5-18-11
Date

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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