

P11000098820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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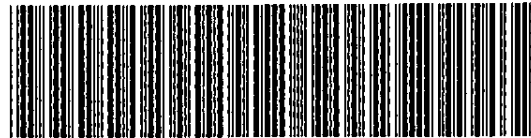
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch NOV 16, 2011

## COVER LETTER

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

SUBJECT: CULINARY FOODSERVICE CONSULTANTS 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: PHILIP OLECK  
Name (Printed or typed)

102 PARK ST.  
Address

SAFETY HARBOR FL 34695  
City, State & Zip

727 458-4624  
Daytime Telephone number

PHILOLECK@AOL.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: CULINARY FOODSERVICE ~~CONSULTANTS~~ CONSULTANTS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

102 PARK ST  
SAFETY HARBOR, FL  
34695

Mailing address, if different is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PERFORM FOODSERVICE CONSULTING TO RESTAURANTS FOR THE PURPOSE OF KEEPING COSTS UNDER CONTROL. ~~THIS IMPROVING THEIR BOTTOM LINE.~~ MARKETING FOR THE PROMOTION OF <sup>THE</sup> RESTAURANT. HELPING LAUNCH NEW PRODUCTS FOR RETAIL/WHOLESALE SALES.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PHILIP OLECK PRES.

Address: 102 PARK ST  
SAFETY HARBOR, FL  
34695 PH Oleck

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: PHILIP OLECK PH Oleck  
Address: 102 PARK ST  
SAFETY HARBOR, FL 34695

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PHILIP OLECK PH Oleck  
Address: 102 PARK ST  
SAFETY HARBOR, FL 34695

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.

PH Oleck

Required Signature/Registered Agent

PHILIP OLECK

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.

PH Oleck

Required Signature/Incorporator

PHILIP OLECK

11/1/11

3-18-11

Date

11/1/11

3-18-11

Date

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TALLAHASSEE, FLORIDA