P120000//397

(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:			
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COVER LETTER

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

_{subject:} Food ⊏mergency in	C
(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the art \$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Gerard Jamgotchian	e (Printed or typed)
1404 harbour Walk r	Address
Tampa, FL. 33602	, State & Zip
727 3249059	Telephone number
gjamgotchian@hotm E-mail address: (to be use	nail.com ed 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 1 1	vame poration shall be: Food en	nargan	cy Inc
ARTICLE II	PRINCIPAL OFFICE	nergen	Cy IIIC.
ARTICLE II	Principal street address	Mailing	address, if different is:
494	Leavith freeldings Tompo SI 22502		
124	south franklin st, Tampa,FL 33602		
ARTICLE III P	IDDOCF		
	ch the corporation is organized is:		
Resta	aurant		T2 FEB SECRETA
A DOLOT TO THE			
ARTICLE IV S The number of shares	SHARES s of stock is 100		
	100	20	
Name and Title	<u>NITIAL OFFICERS AND/OR DIRECTOR</u>	<u>&S</u> _ Name and Title:	100 July 100 100 100 100 100 100 100 100 100 10
Address:	Gerard Jamgotchian President 1404harbour Walk rd Tempa fl 33602		5/10/2
			
Name and Title Address:			
Address.		Address:	
Name and Title	:	Name and Title:	
Address:		Address:	
he name and Florid	EGISTERED AGENT la street address (P.O. Box NOT acceptable) of	Feb	
Name:	Gerard Jamgotchian	the registered agent is:	
Address:	1404 harbour walk rd tampa fl 3602	-	
		-	
RTICLE VII IN			
he <u>name and addres</u> Name:	ss of the Incorporator is:		
Address:	Gerard Jamgotchian 1404 harbour walk rd tampa fl 33602	-	
		- •	
aving been named o	as registered agent to accept service of process	for the above stated corn	Oration at the place designated in
is certificate, I am fo	amiliar with and accept the appointment as regi	stered agent and agree to a	oration is the place designated in act in this capacity
<i>A</i>	Alian Barrala	_	
pw	Required Signature/Registered Agent	1	01/16/2012
[]	V		Date
submit this documen	nt and affirm that the facts stated herein are	true. I am aware that the	false information submitted in a
cument to the Depar	rtment of State constitutes a third degree felony	as provided for in s.817.13	55, F.S.
거,	Muchatalaidel Pontial	out	01/16/2012
40	Required Signature/Incorporator	<u> </u>	Date
<i>y</i>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		