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(Re	equestor's Name)	
(A)	lalva a N	
(Ad	ldress)	
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(//0	uicss)	
(Cit	ry/State/Zip/Phone	#)
•	• , ,	•
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	····-
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	.,,
	Office Use Only	y



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03/23/12--01022--006 **87.50



T. Burch MAR 2. 12 2012

COVER LETTER

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

SUBJECT: Rescue Me Foods Corp	р	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: Al Notaro	(Printed or typed)	
7146 Skylark dr		
Spring Hill.FL 34606	Address State & Zip	
352-442-0315 Daytime Te	elephone number	
RescueMeFoods@gmail E-mail address: (to be used	.COM I 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)

The name of the corp	Rescue Me Foods Corporation shall be:	p	
ARTICLE II P	RINCIPAL OFFICE		
	Principal street address	Mailing ad	dress, if different is:
<u>13</u>	228 US HWY 19	7146 Skylark dr	
	dson,FL		
340	567	34606	
ARTICLE III P	IRPOSE		
	ch the corporation is organized is:		
'Any and all lav			
Car Las	1 6 0 4		net tener
Lighterior	al Corporation		
	•		
			MAR
The number of shares			23 23 E
i ne number of snares	S OI STOCK IS S		70 70 79
ARTICLE V I	NITIAL OFFICERS AND/OR DIRECTO	RS	PH B
	:Al Notaro/Executive Chef/CEO		\$ \frac{1}{2} \fra
Address:	7146 Skylark Dr		20 to 1
	Spring Hill FL 34606		***** Q
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	e:	Name and little:	
Address:		Address:	
			
	· · · · · · · · · · · · · · · · · · ·		
Name and Title	e:	Name and Title:	
Address:		Address:	
ARTICLE VI R	EGISTERED AGENT		
The name and Florid	da street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Al Notaro	- 	
Address:	7146 Skylark Dr	<u>.</u>	
	Spring Hill FL 34606	-	
ARTICLE VII I	NCORPORATOR		
	ss of the Incorporator is:		
Name:	Al Notaro		
Address:	7146 Skylark Dr		
	Spring Hill,Fl 34606		
	· · ·		
	as registered agent to accept service of proce		
this certificate/ I am j	familiar with and accept the appointment as re	gisterea agent and agree to ac	in inis capacity
			3-8-12
1//1/	Required Signature/Registered Agent		Date
I submit this docum	ent/and affirm that the facts stated herein ar	e true. I am aware that the t	alse information submitted in a
	artment of State constitutes a third degree felo		
1///		A Minimal Annual Control	.
VU 1	/ 🏹		$\frac{3-8-12}{\text{Date}}$
-/://	Required Signature/Incorporator		Date