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SECRETARY OF STATE
VISION OF CORPORATIONS

or 3/30/12

COVER LETTER

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

SUBJECT: CRISPY WINGS INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX	<u>K)</u>			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for	, ,			
\$70.00 \$78.75 \$87.50 Filing Fee & Certificate of Status \$78.75 \$87.50 & Certified Copy Certified & Certified Copy Status ADDITIONAL COPY REQU	d Copy ficate of			
FROM: JEFF SCHWEIGEIR Name (Printed or typed)				
2090 NE 163 ST Address				
P. MIAMI BEACH, FL 33162				
City, State & Zip 305.893.6255 Daytime Telephone number TEEE C ALISON GROVE COM	SEQRETARY O /IS INNESE GOR			

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora	ME tion shall be: CRISPY W INCIPAL OFFICE	WGS INC.	FILED SECRETARY OF STATE
ARTICLE II PRI	NCIPAL OFFICE		ALVISION OF CORPORATION
_	Principal street address	Mailing addr	ess if different is: PM 4: 12
	O NE 163 ST	 	12 HAR 29 PM 4: 12
<u>p.</u>	MIAMI BEACH FL 33/62		
ARTICLE III PUR			
The purpose for which t	the corporation is organized is:		
To produce	e and, sell an	TEM	
har the	gvill.		
for The	Jv.n.		
,	•		
ADDIOLD III CIL	A DEG		
ARTICLE IV SHA The number of shares of			•
The number of shares of	Stock is.		
	TIAL OFFICERS AND/OR DIRECTORS		
Name and Title:_r	LEFT SCHWEIGER . PIZES	Name and Title:	<u> </u>
	430 MIAMI VIEW DIZ 18A4 VKLAGZ, FL 33141	Address:	
4	PAN UNITED PE 33141		
_		· ————	
Address:		Address:	
_		-	
_			
Address:		Address:	
			
ARTICLE VI REG	SISTERED AGENT		
The name and Florida s	street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	JEFF SCHWEIGER		
Address:	7430 MIAMI VIEW DIR N SAY VIWAFE, FL 3311	4./	
	20. par 01007180, po 33,1	~	
ARTICLE VII INC	<u>ORPORATOR</u>		
The name and address	of the Incorporator is:		
Name:	TEFF SCHWEIGHER 1930 MIAMI VIEW PIZ P. BAY VILLAGE, FL 53141		
Address:	1930 MIAMI VIEW PIZ		
,	D. BAY VILLAGE, FC 33/4"		
Having been named as	registered agent to accept service of process	for the above stated corporat	ion at the place designated in
	illiar with and accept the appointment as regis		
			- / /.
_11/1/	Miny		3/23//2
////	Required Signature/Registered Agent		Date
I submit this doorwood	and affirm that the facts stated herein are i	true I am aware that the fal	sa information submittad in a
	and ujjirm that the jucts stated herein are t nent of State constit <u>utes a third deg</u> ree felony		
/ //	s, since temperature feeting	m province for in 3011/11209	/ /
	Mars		3/23/12
-491	Required Signature theorporator		Date