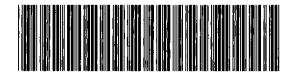
## P/2000075225

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
		-
Special Instructions to F	iling Officer	
Special instructions to r	illing Officer.	
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## **COVER LETTER**

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

SUBJECT: Lunch American Style,	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Julie Feigeles, Esq.	(Printed or typed)
P.O. Box 14-4008	
Coral Gables, FL 33114	1-4008 State & Zip
305 405 7770  Daytime Te	elephone number
jf@womenatlawfl.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

\*\* \* \*\* \*\* \*\* \*\*\*

ARTICLE I	NAME Lunch American State Inc	FILE
The name of the co		AUG 31 PH 2: 25
ARTICLE II		Mailing address, if different is:
-	Principal street address	Mailing address, if different is:
	221 NW 1 Avenue	The series of th
-		
ARTICLE III The purpose for w Any activities	PURPOSE  hich the corporation is organized is:  or business permitted under the laws of	of the United States and Florida.
ARTICLE V	res of stock is: 1000 shares, having a par va	•
Address:	221 NW 1 Avenue Miami, FL 33128	Address:
Name and Ti	itle:Stenhen A. Marino, Vice President/Director	Name and Title:
Address:	221 NW 1 Avenue Miami, FL 33128	Address:
Name and Ti	tle:	Name and Title:
Address:		
ARTICLE VI	REGISTERED AGENT	
	rida street address (P.O. Box NOT acceptable) of the	ne registered agent is:
Name:	Adam S. Feigeles	
Address:	221 NW 1 Avenue	
	Miami, FL 33128	
ARTICLE VII	INCORPORATOR	
	ress of the Incorporator is:	
Name:	Julie Feigeles, Esa	
Address:	800 South Douglas Road, Suite 530 Coral Gables, FL 33134	
Havina hoon name	edito registered again to accept coming of process to	or the above stated corporation at the place designated in
his certificate, I gr	n gmiliar with an facept the appointment as regist	or ine above sialed corportition at the place designated in ered agent and agree to act in this capacity
Sala	EN JOS	8-21-12
	Required Signature/Registered Agent	Date
submit this docu	ment and affirm that the facts stated herein are to	ue. I am aware that the false information submitted in a
locument to the De	epartment of State constitutes a third degree felow of	nc. 1 with amount includes unjointation submitted in a is provided for in s.817.155. F.S
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Sun	Required Signature/Incorporator	821112
	Required Signature/Incorporator	Date