## P13000034001

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See APR. US. US.



## **COVER LETTER**

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

SUBJECT: THE GRUB TO PROPOSED CO	RAIN and Mr C	SRUB Production
(PROPOSED CO	ORPORATE NAME – <u>MÜST INCLUDE</u>	SUFFIX) INC.
Enclosed are an original and one (1) copy o	f the articles of incorporation and a cl	heck for:
\$70.00 \$78.75 Filing Fee & Certificate of State	Filing Fee Fusion of the Filing Fee Fusion Section 1	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: Fred Case		
259 WEY MOU	H WAY Address	
Daven port	FL 33897 City, State & Zip	
352-241	rytime Telephone number	<del></del>
	1994 D GMa, L. o be used for future annual report notifi	Con ication)

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 corporation shall be: The G	rub train and Mr Grub production I
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
259 wegmouth way	
DAVEN PORT FL 3	3897
ARTICLE III PURPOSE  The purpose for which the corporation is organized in	MobilE Food Truck
	· · · · · · · · · · · · · · · · · · ·
	F.V. W
	TO TO
	Fig. 2
ARTICLE IV SHARES The number of shares of stock is:	PH 4: 59
ARTICLE V INITIAL OFFICERS AND/OR	7
	President Name and Title:
Address 259 WEY MC	
Daven port	FL
	33897
	•
	Name and Title:
Address	Address:
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
Name and Title:	Name and Title:
Address	·
	· · · · · · · · · · · · · · · · · · ·
	·

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT a	acceptable) of the registered agent is:	-·
Name: Fred Case	ARE A	
Address: 259 WEYMO	FC 33897 EG P IT	
DAVEN porl	FC 33897 FF STATE 5	ŧ
ARTICLE VII INCORPORATOR	RATE S	
The name and address of the Incorporator is:  Name: Fred CasE	· .	
Address: 259 WEYMO DAVEN PORT	ACT WAY	
	ice of process for the above stated corporation at the place designated in intment as registered agent and agree to act in this capacity	
1/1/1/10	4-15-20	(2
Required Signature/Registere	red Agent Date	
I submit this document and affirm that the facts state document to the Department of State constitutes a third	ed herein are true. I am aware that the false information submitted in a d degree felony as provided for in s.817.155, F.S.	
Thed Required Signature/Incorp	4-15-201	'3
kequired Signature/Incorp	Durator	