

P13000064720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

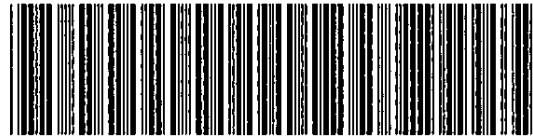
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

κ 08/06/13

## COVER LETTER

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

SUBJECT: **ESM Food Management, Inc**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **ESM Food Management, Inc**

Name (Printed or typed)

**8 Bellevue Blvd, Suite 508**

Address

**Belleair, FL 33756**

City, State & Zip

**727-443-5146**

Daytime Telephone number

**erickson@skypoint.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**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: ESM Food Management, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

8 Belleview Blvd, Suite 508

Belleair, FL 33756

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Wholesales Minnesota Wild Rice thought the  
US food market. All product is processed and shipped from Minnesota.

Only Corporate office is located in Florida.

Federal tax id number is 73-1654041

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dwight J. Erickson

Name and Title: \_\_\_\_\_

Address 8 Belleview Blvd, Suite 508

Address: \_\_\_\_\_

Belleair, FL 33756

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Dwight J. Erickson  
Address: 8 Belleview Blvd, Suite 508  
Belleair, FL 33756

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dwight J. Erickson  
Address: 8 Belleview Blvd, Suite 508  
Belleair, FL 33756

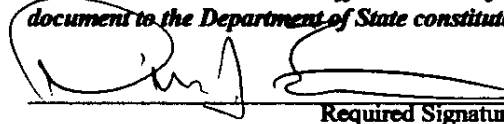
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

7-30-13  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

7-30-13  
\_\_\_\_\_  
Date