## P13000070572

| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| O. 10 1 10 10                           |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| ,                                       |  |  |  |  |
| Out To J Courts                         |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only .



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13 AUG 21 PH 4: 24
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

08/26/13

## **COVER LETTER**

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

## SUBJECT: All American Sauce Company Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

| \$70.00 Filing Fee | Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED |
|--------------------|------------------------------------|--|---|
| FROM: JU           | ıstin Scire                        |  |   |
| 70                 | Nam<br>180 Lantana Lan             | e (Printed or typed)                               |   |
| Ta                 | amarac, FL 333                     | Address 21   |   |
| 95                 | City,<br>54-448-8627               | , State & Zip                                      |   |
| jb                 | scire@aol.com                      | celephone number                                   | 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 corpor   | ME ation shall be: All American S                            | auce Compa                        | ıny                                       |  |  |
|--|--|-----------------------------------|---|--|--|
| ARTICLE II PRINCIPAL OFFICE Principal street address 7080 Lantana Lane |  | Mailing address, if different is: |   |  |  |
| Tamarac, F   | L 33321  |                                   |   |  |  |
| This corpor  | the corporation is organized is:                             |                                   |   |  |  |
|  |  |                                   | -, '                                      |  |  |
| ARTICLE IV SH  | ARES 10,000,000  |                                   | 13 AUG 21 P<br>SECRETARY L<br>FALLAHASSEE | MITTERS OF THE PROPERTY OF THE |  |
| ARTICLE V IN   | TIAL OFFICERS AND/OR DIRECTO                                 | <u>RS</u>                         | mil.c.                                    |  |  |
| Name and Tit   | Justin Scire - President 7080 Lantana Lane Tamarac, FL 33321 | Name and Title: Address:          |   |  |  |
| Name and Title   | »:   | Address:                          |   |  |  |
|  |  |                                   |   |  |  |

| Name and        | d Title:  | Name and Title:                           |                       |
|-----------------|---|---|-----------------------|
| Address         |   | Address:                                  |                       |
| ARTICLE VI      | REGISTERED AGENT  |   |                       |
| The name and FI | orida street address (P.O. Box NOT acceptable) o  | of the registered agent is:               |                       |
| Name:           | Justin Scire  |   |                       |
| Address:        | 7080 Lantana Lane   | -   | <b>3</b>              |
|                 | Tamarac, FL 33321   | <del>-</del>                              | is Au                 |
| ARTICLE VII     | INCORPORATOR  |   | IG 21<br>HASSEE       |
| The name and ad | dress of the Incorporator is:   |   |                       |
| Name:           | Justin Scire  | _   | PH 4: 2i              |
| Address:        | 7080 Lantana Lane   | <u>-</u>                                  | )                     |
|                 | Tamarac, FL 33321   | _   |                       |
|                 | ned as registered agent to accept service of processing familiar with and accept the appointment as re  Required Signature/Registered Agent | gistered agent and agree to act in this o |                       |
|                 | / Required Signature/Registered Agent   |   | Date                  |
|                 | ument and affirm that the facts stated herein are<br>Department of State constitutes a third degree felo                                    |   | mation submitted in a |
|                 | Required Signature/Incorporator   |   | 8/5/13                |
|                 | Required Signature/Incorporator   |   | Date                  |