

P1300007874B

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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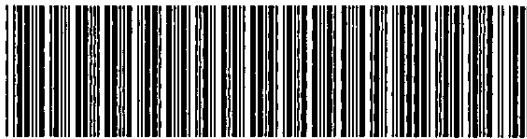
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
2013 SEP 19 PM 2:46

114

COVER LETTER

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

SUBJECT: NATIONAL FOOD SOLUTIONS, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Rebecca Kingsbury Eichsteadt

Name (Printed or typed)

890 Northern Way, Suite F-1

Address

Winter Springs, Florida 32708

City, State & Zip

407-977-2862

Daytime Telephone number

BKingsbury@natlsalesassoc.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:

NATIONAL FOOD SOLUTIONS INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

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Mailing address, if different is:

890 Northern Way

Suite F-1

Winter Springs, FL 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Food Brokerage

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rebecca Kingsbury Eichsteadt, CEO

Name and Title: _____

Address 890 Northern Way

Address: _____

Suite F-1

Winter Springs, FL 32708

Name and Title: Benjamin Eichsteadt, COO

Name and Title: _____

Address 8234 Legare Court

Address: _____

Charlotte, NC 28210

Name and Title: Wendy Hines, President

Name and Title: _____

Address 2095 Hollywood Drive

Address: _____

York, PA 17403

(conti.)

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DIVISION OF CORPORATIONS

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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: Rebecca Kingsbury Eichsteadt
Address: 890 Northern Way, Suite F-1
Winter Springs, FL 32708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

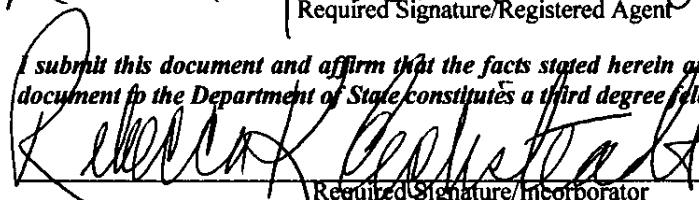
Name: Rebecca Kingsbury Eichsteadt
Address: 890 Northern Way, Suite F-1
Winter Springs, FL 32708

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

9-10-13
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

9-10-13
Date