

P14 000000 4630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

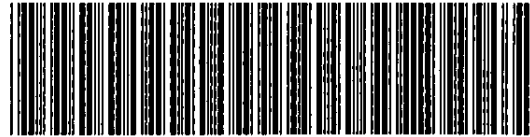
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 13 PM 2:25

B 1/17/14

## COVER LETTER

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

SUBJECT: Grandma Lena's Foods 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: Ron Quartararo

Name (Printed or typed)

21350 Lake Vienna Drive

Address

Land O Lakes, FL 34638

City, State & Zip

813 948-1017

Daytime Telephone number

ron.quartararo@yahoo.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: Grandma Lena's Foods Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

21350 Lake Vienna Dr.  
Land O Lakes, FL 34638

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: to manufacture, market and distribute speciality food products  
for restaurants, retail food stores and directly to consumers - either fresh or frozen.

**ARTICLE IV    SHARES**

The number of shares of stock is: 200

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

Name and Title: Ron Quartararo Name and Title: \_\_\_\_\_

Address Chief Operating Officer Address: \_\_\_\_\_

21350 Lake Vienna Drive

Land O Lakes, FL 34638

Name and Title: Daniela Ortiz Bahamonde Name and Title: \_\_\_\_\_

Address Chief Executive Officer Address: \_\_\_\_\_

124 Summer St., Apt A

Medford, MA 02155

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

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

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
14 JAN 13 PM 2:25

(conti.)

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: Georgia Quartararo

Address: 21350 Lake Vienna Drive

Land O Lakes, FL 34638

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Ron Quartararo

Address: 21350 Lake Vienna Drive

Land O Lakes, FL 34638


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*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

1/8/14  
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

Jan 8, 2014  
Date