

P14 000000 4630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

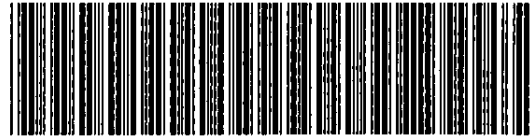
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 13 PM 2:25

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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$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:	<u>Ron Quartararo</u>	Name and Title:	_____
Address	<u>Chief Operating Officer</u>	Address:	_____
	<u>21350 Lake Vienna Drive</u>		_____
	<u>Land O Lakes, FL 34638</u>		_____

Name and Title:	<u>Daniela Ortiz Bahamonde</u>	Name and Title:	_____
Address	<u>Chief Executive Officer</u>	Address:	_____
	<u>124 Summer St., Apt A</u>		_____
	<u>Medford, MA 02155</u>		_____

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

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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

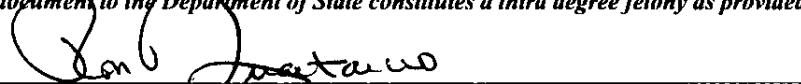
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


 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