P14000015954

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(During Fakh, Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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or 2/21/14

COVER LETTER

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

Tananassee, FL 323	,14		
SUBJECT: FOO	d Retail Speciali	ists USA, Inc.	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	TTREQUIRED

Carol Ciappina Name (Printed or typed)	
2666 SE Willoughby Blvd.	
Address	
Stuart, FL 34994	14 FE
City, State & Zip	$\overline{\alpha}$
772-220-1588	©
Daytime Telephone number	E
carolc@iidafl.com	8: 09
E-mail address: (to be used for future annual report notification)	V.O

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)

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SECKE	TARY OF STATE
4A124, #	FIGARORATIONS

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8 AM 8: 09
ustry

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Carol Ciappina	_	
Address:	2666 SE Willoughby Blvd	_	
	Stuart, FL 34994	<u>.</u>	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and add	<u>lress</u> of the Incorporator is:		
Name:	Carol Ciappina	-	
Address:	2666 SE Willoughby	_	
	Stuart, FL 34994	_	
\cap	^		
Having been hame this certificate I at	ed as registered agent to accept service of process m familiar with and accept the appointment as reg	s for the above stated corporation gistered agent and agree to act in 1	at the place designated in his capacity
\ an	NA Camaina	2	/18/2014
	Required Signature/Registered Agent		Date
I submit this docu	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon	true. I am aware that the false in	nformation submitted in a
uncument to the D	P Sharing of Share constitutes a mira degree felon	у из рочиси јог ш зон (199, 1 г.	
70	Required Signature/Incorporator	-	2/18/2014 Date

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