

P1400003764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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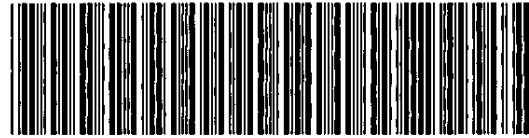
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2014 APR 28 PM 4:27

1/4

COVER LETTER

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

SUBJECT: SISTERS SPECIALTY 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 ☒ \$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: Monica Albert

Name (Printed or typed)
10000 SW 52 Ave, #179

Address
Gainesville, FL 32608

City, State & Zip
352-514-4140

Daytime Telephone number
monica@oliveyoueatwell.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 **SISTERS SPECIALTY FOODS, INC**

The name of the corporation shall be: _____

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DIVISION OF CORPORATE & BUSINESS SERVICES

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different: _____

5212 SW 91 Ter

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Gainesville, FL 32608

ARTICLE III PURPOSE

for the purpose of all lawful business.

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 10,000 shares of \$1 per share.

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Monica Albert, P, T

Name and Title: Lita Giampola, VP, S

Address: 10000 SW 52 Ave

Address: 10809 NW 18th Court

Gainesville, FL 32608

Gainesville, FL 32608

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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DIVISION OF CORPORATE REGISTRATION

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Monica Albert

Address: 10000 SW 52 Ave, #179

Gainesville, FL 32608

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Monica Albert

Address: 10000 SW 52 Ave, #179

Gainesville, FL 32608

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

4/26/14
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

4/26/14
Date