



**COVER LETTER**

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

**SUBJECT: SHERI FOOD PLUS, 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: SHERI FOOD PLUS, INC.**

Name (Printed or typed)

**16595 NW 27TH AVENUE**

Address

**MIAMI GARDENS, FL 33054**

City, State & Zip

**305-622-3100**

Daytime Telephone number

**AL\_MAYUNGBE@YAHOO.COM**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

# SHERI FOOD PLUS INC.

16595 NW 27<sup>TH</sup> AVENUE MIAMI GARDENS, FL 33054 (305) 622-3100

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

May 1, 2014

**Subject: Release of Corporation Name**

This is to certify that I am the president of SHERI FOOD PLUS, INC. listed under document No: P03000113424, and registered by me with the State of Florida Department of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using it in the future.

Sincerely,



Margaret Lanier

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: **SHERI FOOD PLUS INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**16595 NW 27TH AVENUE**  
**MIAMI GARDENS, FL 33054**  
**305-622-3100**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

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

Name and Title: **MARGARET , LANIER P**

Name and Title:

Address **16595 NW 27TH AVENUE**  
**MIAMI GARDENS, FL 33054**  
**305-622-3100**

Address:

Name and Title: **IBRAHIM FAPOHUNDA, VP**

Name and Title:

Address **16595 NW 27TH AVE**  
**MIAMI GARDENDS, FL 33054**  
**305-622-3100**

Address:

Name and Title:

Name and Title:

Address

Address:

FILED  
14 MAY -5 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(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:

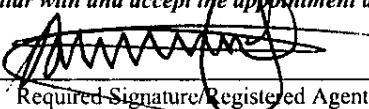
Name: ALBERT MAYUNGBE, CPA  
Address: 111 NW 183RD STREET, SUITE 402  
MIAMI, FL 33169

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARGARET LANIER  
Address: 16595 NW 27TH AVE  
MIAMI, FL 33054

*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

05/01/2014

\_\_\_\_\_  
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

05/01/2014

\_\_\_\_\_  
Date