

P150000006308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

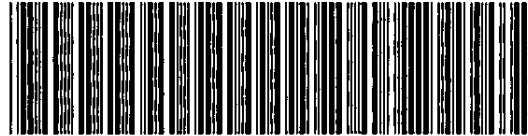
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JAN 20 AM 10:40

APPROVED
AND
FILED

1/27

COVER LETTER

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

SUBJECT: GMME 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: Maria Guadalupe Silva

Name (Printed or typed)

8155 Stone Leaf Ln

Address

Tampa, FL, 33647

City, State & Zip

813-323-0713

Daytime Telephone number

mariag-silva64@hotmail.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: GMME Foods Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8155 Stone Leaf Ln

Tampa, FL, 33647

15 JAN 20 AM 10:47

Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mexican Restaurant selling beer and wine on-premises

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Guadalupe Silva - Director

Address

8155 Stone Leaf Ln

Tampa, FL, 33647

Name and Title: N / A

Address:

Name and Title: N / A

Address

Name and Title: N / A

Address:

Name and Title:

Address

Name and Title:

Address:

APPROVED (cont.)
AND
FILED

Name and Title: _____ Name and Title: 15 JAN 20 AM 10:47
Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Maria Guadalupe Silva
Address: 8155 Stone Leaf Ln
Tampa, FL, 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria Guadalupe Silva
Address: 8155 Stone Leaf Ln
Tampa, FL, 33647

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

Jan-15-2015

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-15-2015

Date