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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
BITES HOSPITALITY INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

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: BITES HOSPITALITY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
21140 NE 20TH AVENUE
MIAMI, FL 33179

Mailing address, if different is:
21140 NE 20TH AVENUE
MIAMI, FL 33179

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID GLAS, PRESIDENT
Address: 21140 NE 20TH AVENUE
MIAMI, FL 33179

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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(cont.)

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: DAVID GLAS

Address: 21140 NE 20TH AVENUE

MIAMI, FL 33179

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: DAVID GLAS

Address: 21140 NE 20TH AVENUE

MIAMI, FL 33179

Having been named to 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

_____ FEBRUARY 11, 2015

Required Signature/Registered Agent 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.

_____ FEBRUARY 11, 2015

Required Signature/Incorporator Date

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