PIS000030401

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bı	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

APR 0 3 2015

T. SCOTT



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COVER LETTER

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

SUBJECT:	VI EST	PAZ PY DPOSED CORPORA	BEACH ATENAME-MUSTIN	Fool Co	.Twe.
Enclosed are ar	original and one	(1) copy of the art	ticles of incorporation	and a check for:	-
☐ \$70. Filing F	ee Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL	Filing Fee, Certified Copy & Certificate of Status COPY REQUIRED	
FROM	Eric	Lunda	マCい (Printed or typed)		
	355	NL	ST		
		1	Address		
	LAKE		FZ 3346	0	
		City,	State & Zip		

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

ERICE LUND Gren @ GMML . Com E-mail address: (to be used for future annual report notification)

S61 -543 - 1166

Daytime Telephone number

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NA The name of the corpor	ME ation shall be:	WEST	PALMI	BEACH	FUUD !	CO. Inc.
322 N		t address	_	Mailing add	ress, if different i	S:
TALKE AND	1117 1	70.190				
ARTICLE III PUT The purpose for which	RPOSE the corporation					
OF ANY			wid For			
with An	1 Pers	ion Fir	m, ASS	OCIATION) OR	COT POTATION
With Any	Domes	HC OR	FOREWS	n 1900	ten men	tar
MUNICIPAC	00	Public	Authoret	y or E	wity OF	= Awy Kind.
	Eric L	RS AND/OR DIRE undgran / Pri	-s Land Name and	_	NILS	
	FL	33460		FL	33460	
Name and Title		sticke/ ViF				ehen-/Dean
Address		W. L ST WORTH	Address:		NILS.	
		33460		احر		
Name and Title			Name and	Title:		5 (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Address			Address:		·	<u>()</u>
						A 1 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
						Color Services

Name and	Title: Name and Title:
Address	Address:
A DOTAL TO THE	
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	EMIC 12. LUNGGREN
Address:	322 N L ST
radios.	LAKE Worth FL 33460
	Little VYOUTH TE 33740
ARTICLE VII	INCORPORATOR
	dress of the Incorporator is:
Name:	Eric R. Lundgren 322 N 2 St LAKE WORTH FZ 33460
Address:	322 N 2 SF
	LAKE WOVETH FZ 33460
	-1
	ed as registered agent to accept service of process for the above stated corporation at the place designat on familiar with and accept the appointment as registered agent and agree to act in this capacity
	m familiar with and accept the appointment as registered agent and agree to act in this capacity
	m familiar with and accept the appointment as registered agent and agree to act in this capacity 3/22/15
this certificate, I a	Required Signature/Registered Agent Required Signature/Registered Agent The proposition of the appointment as registered agent and agree to act in this capacity The proposition of the appointment as registered agent and agree to act in this capacity Date
I submit this doc	Required Signature/Registered Agent The stated herein are true. I am aware that the false information submitted
I submit this doc	Required Signature/Registered Agent Required Signature/Registered Agent The proposition of the appointment as registered agent and agree to act in this capacity The proposition of the appointment as registered agent and agree to act in this capacity Date