

P15 600035519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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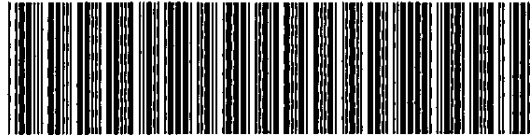
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
OF MASSACHUSETTS

*CC
4/23/15

COVER LETTER

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

SUBJECT: INTERNATIONAL KOSHER, 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: Bernard Simpson
Name (Printed or typed)

900 N.E. 179TH TERRACE
Address

MIAMI, FL 33162
City, State & Zip

952-843-3033
Daytime Telephone number

BSIMPSON@GMAIL.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

The name of the corporation shall be: INTERNATIONAL KOSHER, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

900 N.E. 179TH TERRACE

MIAMI, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide other business services

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TAMPA FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BERNARD SIMPSON Name and Title: LENNE SIMPSON

Address: 900 NE 179TH TERRACE Address: 900 NE 179TH TERRACE

MIAMI, FL 33162

MIAMI, FL 33162

PRESIDENT

SECRETARY

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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: BERNARD SIMPSON

Address: 900 NE 179TH TERRACE
MIAMI, FL 33162

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: BERNARD SIMPSON

Address: 900 NE 179TH TERRACE
MIAMI, FL 33162

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

Bernard Simpson

Required Signature/Registered Agent

BERNARD SIMPSON

4/8/15
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.

Bernard Simpson

Required Signature/Incorporator

BERNARD SIMPSON

4/8/15
Date