

P15000251193

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

15 OCT 20 PM 4:11

**FLORIDA PROFIT/NON PROFIT CORPORATION
SMART EATING CENTER INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

15 OCT 20 PM 6:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

ARTICLE I NAME SMART EATING CENTER INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
_____	_____
20934 NE 37 COURT	_____
_____	_____
AVENTURA FL 33180	_____
_____	_____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: PROVIDE NUTRITIONAL SERVICES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>DALIA STEMPA ALMOG, PRESIDENT</u>	Name and Title:	_____
Address	<u>20934 NE 37 COURT</u> <u>AVENTURA FL 33180</u>	Address:	_____
_____	_____	_____	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
_____	_____	_____	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
_____	_____	_____	_____

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TALLAHASSEE, FLORIDA

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: DALIA STEMPA ALMOG
 Address: 20934 NE 37 COURT
AVENTURA FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DALIA STEMPA ALMOG
 Address: 20934 NE 37 COURT
AVENTURA FL 33180

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10-19-2015
 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

10-19-2015
 Date