

PLS000097815

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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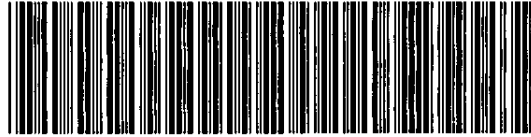
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 DEC -2 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: 3 FELIX FOOD CONSULTANT 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: FELIX A. VALDEZ

Name (Printed or typed)

16201 N.W. 84 th AVE

Address

MIAMI LAKES FL.33016

City, State & Zip

305 336 9335

Daytime Telephone number

valdez.feix3@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: 3 Felix Food Consultant Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
27455 South Dixie Highway

Homestead Fl. 33032

Mailing address, if different is:

16201 N.W. 84 Ave.

Miami Lakes Fl. 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide the American community with nourishments that are
healthful, delicious and affordable.

ARTICLE IV SHARES

The number of shares of stock is: 3000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Felix A. Valdez / President

Address 16201 N.W. 84 Ave.

Miami Lakes Fl. 33016

Name and Title: Felix Leon

Address: 19800 S.W. 180 Ave. Lot 257

Miami Fl. 33187

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: Mercedes Valdez _____

Address: 12575 Biscayne Blvd _____

North Miami Fl 33181 _____

ARTICLE VII INCORPORATOR

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

Name: Eduardo Martine _____

Address: 840 N.E. 146 St. _____

Miami Fl. 33167 _____

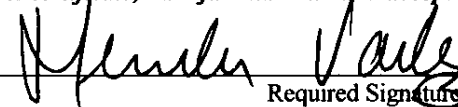
ARTICLE VIII EFFECTIVE DATE:

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

11.27.15

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.



Required Signature/Incorporator

11/27/2015

Date