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SECRETARY OF STATE TALL AHASSEE FLORIDA

#

COVER LETTER .

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

SUBJECT: CHEFFREY EATS, INC.		
(PROPOSED CORPORATE	NAME - MUST INCLUDES	SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
X \$70.00 S78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COP	Y REQUIRED
FROM: MATTHEW SIEGERMAN, CPA Name (Pri	nted or typed)	
1440 CORAL RIDGE DRIVE NUMBER 117		·····
Ad	dress	
CORAL SRRINGS, FLORIDA 33071		
City, S	tate & Zip	
954-242-1183	poboso numbor	
Daytime tek	ephone number	
ANDY@SIEGERMAN.COM		
E-mail address: (to be used fo	r future annual report notifica	ition)

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

Note to Articles of Incorporation for Cheffrey Eats, Inc.

On June 8, 2016 Cheffrey Eats, LLC was formed by Jeffrey A Lemmerman who is now the Incorporator of this new corporation.

The LLC was formed in error and is not going to be used and does not have a Federal Employer Identification Number.

Accordingly, please allow this new corporation to use the name Cheffrey Eats, Inc. as the prior LLC formed on June 8, 2016 will not be used therefore making the name available.

A. Jemmerman

June 15, 2016

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME		c 16 JUL 18 AM 7: ;	7 i
The name of the corpor	ration shall be: CHEFFREY EATS, IN		
ARTICLE II PRINCI	PAL OFFICE	SECRETARY OF STA TALL AHASSES FLORE Mailing address, if different is:	fξ
	reet address	Mailing address, if different is:	ID.
6530 WINDSOR DRIVE			
			
PARKLAND, FL 33067			
ARTICLE III PURPO The purpose for which		Y AND ALL LAWFUL BUSINESS	
The purpose for William	ine corporation to organized to.	AND ALL DAVI OL DOGINEGO	********
			_
			
ARTICLE IV SHARE	ES		
The number of shares of			
			
ARTICLE V INITIAL	OFFICERS AND/OR DIRECTORS		
Name and Title:	JEFFREY A LEMMERMAN	Name and Title:	
Address:	6530 WINDSOR DRIVE	Address:	
	PARKLAND, FL 33067		
Name and Title:		Name and Title:	
Address:		Address:	
Name and Title:		Name and Title:	
Address:		Address:	
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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

6/15/2016 Date

Date