

P16600084782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

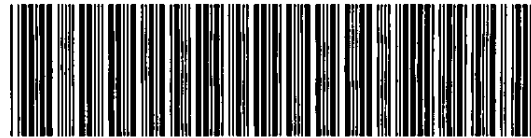
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/18/16--01005--015 \*\*70.00

16 AUG 18 AM 7:13  
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# SHERI FOOD PLUS INC.

16547 NW 27 AVENUE MIAMI GARDENS, FL 331054 305-622-3100

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

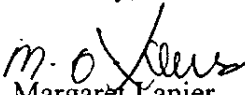
October 17, 2016

**Subject: Release of Corporation Name**

This is to certify that I am the President of Sheri Food Plus, Inc., listed under document No: P14000039545, and registered by me with the State of Florida Department of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using it in the future.

Sincerely,

  
Margaret Lanier  
President

## COVER LETTER

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

**SUBJECT:** SHERI FOOD PLUS 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:** SHERI FOOD PLUS INC.

Name (Printed or typed)

16595 NW 27th Avenue

Address

Miami, FL 33054

City, State & Zip

(305)622-3100

Daytime Telephone number

al\_mayungbe@yahoo.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: SHERI FOOD PLUS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
16595 NW 27th Avenue  
Miami Gardens, FL 33054

Mailing address, if different is:  
16595 NW 27th Avenue  
Miami Gardens, FL 33054

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Margaret Lanier - President

Name and Title: \_\_\_\_\_

Address: 16595 NW 27th Avenue  
Miami Gardens, FL 33054  
(305)651-3100

Address: \_\_\_\_\_

IF Ibrahim  
Name and Title: ~~Ibrahim~~ Fapohunda - Vice President

Name and Title: \_\_\_\_\_

Address: 16595 NW 27th Avenue  
Miami Gardens, FL 33054  
(305)651-3100

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: Albert A Mayungbe, CPA  
Address: 111 NW 183rd, Suite 402  
Miami, FL 33169

**ARTICLE VII INCORPORATOR**

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

Name: Margaret Lanier  
Address: 16595 NW 27th Avenue  
Miami Gardens, FL 33054

**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  
10/17/2016  
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.*

*M. O. Lanier*  
\_\_\_\_\_  
Required Signature/Incorporator  
10/17/2016  
Date