

MAY/04/2017/THU 11:21 AM

FAX No.

P. 001

5/22/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
INTERNATIONAL FOOD PROMOTIONS, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

REC-1  
17 MAY -4 PM 12:05

State of Florida  
Department of State  
Division of Corporations

17 MAY -4 AM 8:46  
STATE OF FLORIDA  
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P.002

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May 3, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EXPRESS CORPORATE FILING

SUBJECT: INTERNATIONAL FOOD PROMOTIONS, INC  
REF: W17000038136

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tyrone Scott  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H17000119934  
Letter Number: 417A00008696

**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 FOOD PROMOTIONS, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

16400 NE 17TH AVENUE SUITE 505NORTH MIAMI BEACH, FL 33162**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TO TRANSACT ANY ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 200 SHARES @ \$1.00 PAR VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: VINCENZO PERILLI (P)

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

Address 16400 NE 17TH AVENUE SUITE 505

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

NORTH MIAMI BEACH, FL 33162

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

17 MAY 4 AM 8:46  
 COUNTY OF DADE  
 STATE OF FLORIDA

APPROVED  
 AND  
 FILED

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

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: VINCENZO PERILLI  
Address: 16400 NE 17TH AVENUE SUITE 505  
NORTH MIAMI BEACH, FL 33162

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: VINCENZO PERILLI  
Address: 16400 NE 17TH AVENUE SUITE 505  
NORTH MIAMI BEACH, FL 33162

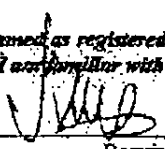
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

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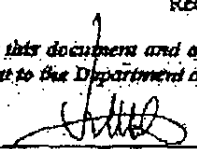
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

05/01/2017

\_\_\_\_\_  
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

05/01/2017

\_\_\_\_\_  
Date