

Florida Department of  
 Division of Corporations  
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FLORIDA DEPARTMENT OF  
 BUREAU OF COMMERCIAL  
 INFORMATION SERVICE

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**BITE LIFE INC.**

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

OFFICE OF THE  
 CLERK OF THE  
 STATE OF FLORIDA

17 JUL 21 AM 9:56

07/24/17

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:BITE LIFE INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5063 NW 159 ST.Miami Gardens FL 33014**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ERIC J. GONZALES (P)DARIEN ZAMORA (VP)17 JUL 21 AM 9:56  
STATE  
FLORIDA**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

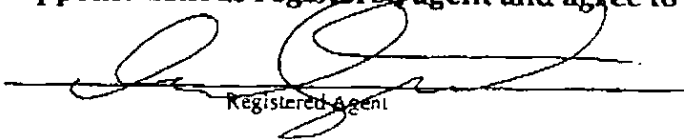
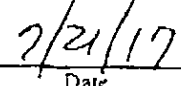
Eric J. Gonzales5063 NW 159 STMiami Gardens FL 33014**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ERIC J GONZALES5063 NW 159 STMiami Gardens FL 33014

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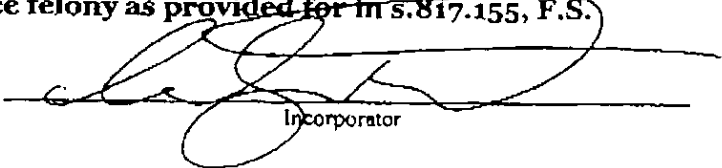
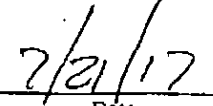
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**Required Signatures:**

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

   
Registered Agent 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.

   
Incorporator Date

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