

# P/7000065585

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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07/03/17

EFFECTIVE DATE 08/01/17

W17-055215

08/04/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2017

HAROLD GASPRAD  
5065 SANCERRE CIR.  
LAKE WORTH, FL 33463

\*\*\* 2ND CORRECTION \*\*\*

SUBJECT: HAROLD'S FAMILY OWNS CARIBBEAN FOODS/FRITAY, INC.  
Ref. Number: W17000055215

We have received your document for HAROLD'S FAMILY OWNS CARIBBEAN FOODS/FRITAY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The registered agent must have a Florida street address. A post office box is not acceptable.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 217A00013493



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 5, 2017

HAROLD GASPRAD  
5065 SANCERRE CIR.  
LAKE WORTH, FL 33463

SUBJECT: HAROLD'S FAMILY OWNS CARIBBEAN FOODS/FRITAY  
Ref. Number: W17000055215

We have received your document for HAROLD'S FAMILY OWNS CARIBBEAN FOODS/FRITAY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The registered agent must have a Florida street address. A post office box is not acceptable.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 217A00013

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INFORMATION SERVICES

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## COVER LETTER

REF. # W17000055215

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

**SUBJECT:** HAROLD'S FAMILY OWN CARIBBEAN FOODS & FRITAY, 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: HAROLD GASPARD  
Name (Printed or typed)  
5065 SANCERRE CIRCLE  
Address  
LAKE WORTH FL 33463  
City, State & Zip  
(561) 502-4454 OR 561 929 6170  
Daytime Telephone number  
josetteby@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: HAROLD'S FAMILY OWN CARIBBEAN FOODS & FRITAY, INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

388 S. MILITARY TRAIL

WEST PALM BEACH FLORIDA 33415

Mailing address, if different is:

5065 SANCERRE CIRCLE

LAKE WORTH FL.33463

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SELLING GOOD CARIBBEAN FOODS IN THE FOOD TRUCK.

WILL PROVIDE GOOD AND HEALTY FOODS IN THE COMMUNITY.

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HAROLD GASPARD (P)

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

Address 5065 SANCERRE CIRCLE

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

LAKE WORTH

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

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

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

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

17 AUG -3 AM 8:38  
CLERK OF DISTRICT COURT  
STATE OF 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: HAROLD GASPARD

Address: 5065 SANCERRE CIRCLE

LAKE WORTH FL.33463

**ARTICLE VII INCORPORATOR**

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

Name: HAROLD GASPARD

Address: 5065 SANCERRE CIRCLE

LAKE WORTH FL.33463

17 AUG -3 AM 8:39  
FILED  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/01/2017, (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.)

**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*

Harold Gaspard  
Required Signature/Registered Agent

06/29/2017  
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.*

Harold Gaspard  
Required Signature/Incorporator

06/29/2017  
Date