

PR7 000 092 413

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000298591 3)))



H170002985913ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
NO LABEL FOOD CORP**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

NOV 20 2017

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

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

COVER LETTER

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

SUBJECT: NO LABEL FOOD CORP
(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: JORGE A LOPEZ-ACCOUNTANT (ACCT# 15423)
Name (Printed or typed)

13701 SW 88 STREET STE 200A
Address

MIAMI FL 33186
City, State & Zip

305-188-8406
Daytime Telephone number

ACCOUNTINGFINANCIAL@HOTMAIL.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: NO LABEL FOOD CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
36 NE 1ST STREET SUITE 601
MIAMI FL 33132

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY LAWFUL ACTIVITY PERMITTED BY THE LAWS OF THIS STATE

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES WITH PAR \$1/SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHNNY M ORTEGA-PRESIDENT

Name and Title: _____

Address 36 NE 1ST STREET SUITE 601
MIAMI FL 33132

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: JOHNNY M ORTEGA
Address: 36 NE 1ST STREET SUITE 601
MIAMI FL 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHNNY M ORTEGA
Address: 36 NE 1ST STREET SUITE 601
MIAMI FL 33132

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.)

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

x _____ 11/08/17
Required Signature/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.

x _____ 11/08/17
Required Signature/Incorporator Date