P18000042394

| (Requestor's Name) | | | | |
|---|--------------------|----------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | +) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only

N. SAMS MAY 11 2018



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TATE THAT SEED FLORIDA

COVER LETTER

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

| SUBJECT: THE W | EBSTAURANT STORE, INC. | | | | | |
|----------------------|--|-------------------------------------|---|--|--|--|
| SOBJECT. | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | | | |
| | | | | | | |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | d a check for: | | | |
| | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of | | | |
| | | ADDITIONAL COPY REQUIRE | | | | |
| FROM: | E WEBSTAURANT STORE, INC. Nam | e (Printed or typed) | | | | |
| 40 (| CITATION LANE | | | | | |
| | | Address | | | | |
| LIT | TTZ, PA 17543 | | | | | |
| | City, State & Zip | | | | | |
| 717 | -381-4840 | | | | | |
| | Daytime Telephone number | | | | | |
| ЕВІ | ENSING@CLARKINC.BIZ | | | | | |
| | E-mail address: (to be use | d 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)

| | NCIPAL OFFICE | | | |
|---------------------------------------|---|-----------------|---|----------------------------|
| 7702 WOODLAND | Principal <u>street</u> address CENTER BOULEVARD SUITE 150 | | Mailing address, if different is: TION LANE | |
| TAMPA, FL 33614 | | LITITZ. | PA 17543 | |
| | | | | |
| ARTICLE III PUR The purpose for which | POSE n the corporation is organized is: DISTRIBU | JTION OF EQUIP! | MENT AND SU | JPPLIES |
| | | | | |
| | | | | 18 |
| | | | | MAY |
| | of stock is: | | | -7 PH 3:46 SSEE/FLORIDA |
| Name and Ti | tle: DAVID J GROFF, PRESIDENT | Name and Title | CHARLES W | GARBER, JR, VP |
| Address | 340 NORTH STAR ROAD | Address: | 42 RIDGEFIE | LD DRIVE |
| | STRASBURG, PA 17579 | | LANCASTER | . PA 17602 |
| Name and Tit | le: | Name and Title | : | |
| Address | | Address: | | |
| | | | | |
| | | <u> </u> | | |
| Name and Tit | le: | | | |

| Name a | nd Title: | Name and Title: | |
|-------------------|--|---|---|
| Addres | ss | Address: | |
| | | | |
| | | | |
| | | | |
| (BTICLE VI | DECLOTEDED ACENT | | |
| | <u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) o | of the registered agent is: | |
| Name: | STEPHANIE NACE | | |
| Address: | 7702 WOODLAND CENTER BLVD STE 150 | - - | |
| | TAMPA, FL 33614 | _ | |
| ARTICLE VII | <u>INCORPORATOR</u> | FALLARASSEC. | 18 MAY -7 |
| The name and a | address of the Incorporator is: | 2.5 | A |
| Name: | ERIN BENSING | | |
| Address: | 2205 OLD PHILADELPHIA PIKE | | |
| | LANCASTER, PA 17602 | | 3: 1/4 - 3: |
| Effective date, i | EFFECTIVE DATE: 06/01/2018 if other than the date of filing: date is listed, the date must be specific and cannot be specifically and be specifically a | . (OPTIONAL) ot be more than five days prior or 90 day | 's after the |
| | te inserted in this block does not meet the applicable effective date on the Department of State's records. | statutory filing requirements, this date wil | I not be listed as |
| | amed as registered agent to accept service of proces I am familiar with and accept the appointment as re | | |
| _XZ | Phanue Mace Required Signature/Registered Agent | 05 | 03/2018 Date |
| | ocument and affirm that the facts stated herein are Department of State constitutes a third degree felo | | on submitted in a |
| Erin N | Bensina | 05/02/20 | 018 |
| Req | uired Signature/Incorporator | 30,007 | Date |