

P18000088860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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

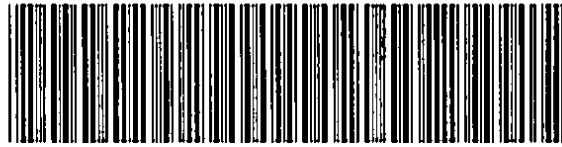
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W18000087062

OCT 26 2018

T. SCOTT



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2018 OCT 25 PM 2:07  
FALLABASSEE, FL 32009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 1, 2018

JOSE MUNOZ  
8131 VINELAND AVE #149  
ORLANDO, FL 32821

SUBJECT: CREATIVE FOOD CONCEPTS INC.  
Ref. Number: W18000087062

We have received your document for CREATIVE FOOD CONCEPTS INC. and your check(s) totaling \$87.50. 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/>

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 718A00020344

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

CREATIVE FOOD CONCEPTS INC.  
The name of the corporation shall be: \_\_\_\_\_

### ARTICLE II PRINCIPAL OFFICE

Principal street address

3601 VINELAND RD - SUITE # 1

ORLANDO, FL 32811

Mailing address, if different is:

8131 VINELAND AVE # 149

ORLANDO, FL 32821

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFULL BUSINESS

### ARTICLE IV SHARES

500  
The number of shares of stock is: \_\_\_\_\_

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE MUNOZ PDST Name and Title: \_\_\_\_\_

Address 8131 VINELAND AVE # 149 Address: \_\_\_\_\_  
ORLANDO, FL 32821

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

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

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

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

2016 OCT 25 PM 2:07  
NOT RECORDED

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: JOSE MUNOZ

Address: 8131 VINELAND AVE # 149

ORLANDO FL 32821

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSE MUNOZ

Address: 8131 VINELAND AVE # 149

ORLANDO FL 32821

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10-01-2018. (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*

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

09-22-2018  
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

09-22-2018  
Date