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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone : (800)221-2972

Fax Number : (888)692-9256

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

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FLORIDA PROFIT/NON PROFIT CORPORATION LAFRESE DISTRIBUTING EAST INC

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ARTICLES OF INCORPORATION

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

A 22 20 20 20 20 20 20 20 20 20 20 20 20	verous acreer	S EAST INC			
ARTICLE II PRI	Principal <u>street</u> address	Mailing addr	ess, if different is:		
23328 RED ROBIN	PLACE	23328 RED ROBIN I	23328 RED ROBIN PLACE		
BRADENTON, FL		BRADENTON, FL 3	BRADENTON, FL 34202		
ARTICLE III PUR The purpose for whic	POSE Distribute h the corporation is organized is:	or of Bakery Products			
			17 ALL		
ARTICLE IV SHA The number of shares	RES 200 of stock is:		DEC AHAA		
ARTICLE V. JNIT	TAL OFFICERS AND/OR DIRECTORS		SSEE SSEE		
	ED AND LARDERE DIDECTOR	Name and Title:	7 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Address	23328 RED ROBIN PLACE	Address:	0817/1 38 8		
	BRADENTON, FL 34202				
Name and Tit	le:	Name and Title:			
Address		\ddress:			
		 -			
Name and Tid	e:	Name and Title:			
Name and Titl Address	de:				

Name and Title:		Name and Title:	
Address		Address:	
		_	
ADTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	FRANK LAFRESE -	-	
Address:	23328 RED ROBIN PLACE	_	
	BRADENTON, FL 34202		
	INCORPORATOR		
The name and	address of the Incorporator is:		
Name:	FRANK LAFRESE -	_	
Address:	23328 RED ROBIN PLACE	_	
	BRADENTON, FL 34202	_	
Effective date, i (If an effective filing.)		. (OPTIONAL) It be more than five days prior or 90 days after the statutory filing requirements, this date will not be listed as	
	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in distered agent and agree to act in this capacity 12/12/2017	
<u> </u>	Required Signature/Registered Agent	Date	
I submit this do	cument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a	
X-low	of I has	12/12/2017	
Requ	ired Signature/Incorporator	Date	