

P190000045061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

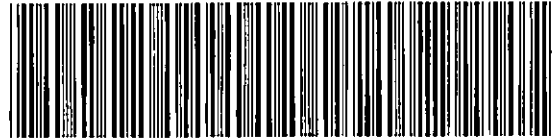
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MAY 31 2019



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CLERK OF SUPERIOR COURT
19 MAY 31 PM 3:27

FILED
19 MAY 31 AM 10:48
CLERK OF SUPERIOR COURT
JANICE E. LORING

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 5/31/2019 **PRIORITY** Routine

OUR REF # (Order ID#) 747289

ORDER ENTITY
CONSOLIDATED NATURAL FOODS OF FLORIDA, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
New corp filing

NOTES:
\$70.00 Authorized
Email address for annual report reminders: erin@servico.com

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: CONSOLIDATED NATURAL FOODS OF FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
16901 Collins Ave, Apt. 4401
Sunny Isles Beach, FL 33160

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 60

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vahik Babaian, President

Name and Title: _____

Address 16901 Collins Ave, Apt. 4401
Sunny Isles, FL 33160

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
19 MAY 31 AM 10:48
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, 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: Vahik Babaian
Address: 16901 Collins Ave, Apt. 4401
Sunny Isles, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scott J. Schuster
Address: 283 Washington Ave
Albany, NY 12206

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

Vahik Babaian

Required Signature/Registered Agent

05/03/2019

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

05/03/2019

Date

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19 MAY 31 AM 10:48
CLERK OF THE COURT
STATE OF FLORIDA