

P200 0001 1399

Florida Department of State  
Division of Corporations  
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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 : (718)889-7420

**\*\*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  
GULF COAST DIST INC**

Certificate of Status	0
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Page Count	01
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CORPORATIONS  
SERIAL  
SERVICES

**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: GULF COAST DIST INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

11600 Court Of Palms Apt 20511600 Court Of Palms Apt 205Fort Myers Fl 33908Fort Myers Fl 33908**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Snack delivery Snyder's-Lance**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: John Conklin - Director

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

Address 11600 Court Of Palms Apt 205

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

Fort Myers Fl 33908

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: Blumbergexcelsior Corporate Services Inc.  
 Address: 155 Office Plaza Drive, 1st Fl.  
TALLAHASSEE, FL 32301

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Ana Maisonave  
 Address: 16 Court St  
Brooklyn, NY 11241

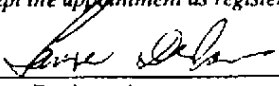
**ARTICLE VIII EFFECTIVE DATE:**

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 business days prior or 90 business 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*

Asst. Secretary, Lauren DePass

  
 Required Signature/Registered Agent

02/10/2020

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

02/10/2020

Date