Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000299365 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 : (307)200-2803 Fax Number : (855)330-1010

> **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 **Quality Food Equipment Store Inc**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

ARTICLES OF INCORPORATION

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

RTICLE II PRINCIPAL OFFICE	Mailian address if diffi	mant in		
Principal <u>street</u> address 901 4th St N	7901 4th St N	Mailing address, if different is: 7901 4th St N STE 300		
TE 300	STE 300			
t. Petersburg FL 33702		St. Petersburg FL 33702		
RTICLE III PURPOSE ne purpose for which the corporation is organized is	Any lawful business.	<u>-</u>		
·				
RTICLE IV SHARES				
e number of shares of stock is: 1000				
ne number of shares of stock is: 1000 RTICLE V INITIAL OFFICERS AND/OR DIR	<u>ECTORS</u>			
Name and Title:	ECTORS Name and Title:			
ne number of shares of stock is: 1000 RTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS Name and Title: Address:			
ne number of shares of stock is: 1000 RTICLE V INITIAL OFFICERS AND/OR DIR Name and Title: Address	ECTORS Name and Title: Address:			
Name and Title: Address	ECTORS Name and Title: Address:			
ne number of shares of stock is: 1000 RTICLE V INITIAL OFFICERS AND/OR DIR Name and Title: Address	Name and Title: Address: Name and Title: Name an	2020 / U		
e number of shares of stock is: 1000 ETICLE V INITIAL OFFICERS AND/OR DIR Name and Title: Address	Name and Title: Address: Name and Title: Name and Title: Address:	2020 / UG 2		
Name and Title: Address Address	Name and Title: Address: Name and Title: Address:	2020 / UG 28		
Name and Title: Address Address Address	Name and Title: Address: Name and Title: Address: Address:	2020 / UG 28		
Name and Title: Address Name and Title: Address	Name and Title: Address: Name and Title: Address: Address:	2020 JUG 28 PH		
Name and Title: Address Address Address	Name and Title: Address: Name and Title: Address: Address:	2020 JUG 28 PH 3: 22		

Name and Title:		Name and Title:		
Address		Address:		
ARTICLE VI	REGISTERED AGENT	iklas af the majorant arrant in		
Name:	Florida street address (P.O. Box NOT accepta Registered Agents Inc.	iole) of the registered agent is.		
Address:	7901 4th St N STE 300			
	St. Petersburg FL 33702		~)	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		[F] : 2020 AUG 28	
The name and	address of the Incorporator is:		JG 28 PM	
Name:	Riley Park		PH SSE	
Address:	7901 4th St N STE 300			
	St. Petersburg, FL 33702		7. 23 7. L	
Effective date, (If an effective filing.) Note: If the da	if other than the date of filing: date is listed, the date must be specific and te inserted in this block does not meet the appl effective date on the Department of State's rec	cannot be more than five days icable statutory filing requiremen	prior or 90 days after the	
	amed as registered agent to accept service of p I am familiar with and accept the appointment Registered Agents Inc.	t as registered agent and agree to	act in this capacity	
Dec 16	Bill Havre Required Signature/Registered Ager	- Assistant Secretary	8/19/20 Date	
	ocument and affirm that the facts stated here e Department of State constitutes a third degree	in are true. I am aware that the	false information submitted in a	
Req	uired Signature/Incorporator		Date	