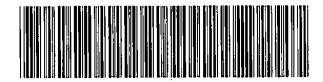
P20000084813

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2.00.000 2)
(Document Number)
(Bocament Number)
Outlines of States
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



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SECRETAIN OF STATE

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

	(OFFICE USE ONLY)
Business Name & Document Number, (if I	known):
1. Snack Shack Drive Thru Inc.	
Name	Document Number (if known)
x Walk in	Will wait
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication X INC OTHER	Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Conversion Merger
OTHER FILINGS	REGISTRATION/OUALIFICATIONS
Annual Report	Foreign
Fictitious Name	Limited PartnershipReinstatement
Statement of Authority	
ADOCTH ()	Trademark
APOSTIL () COUNTRY	Other

EXAMINER'S INITIALS:____

COVERTELLER

Department of State

New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT:	Snack Shack Drive Thru Inc.			
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFF				
Enclosed are an ori	iginal and one (1) copy of the art	icles of incorporation and	la check for:	
₹ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	OPY REQUIRED	
FROM:	Jason Blitzer Name	e (Printed or typed)		
	3901 Stirling Road			
	1	Address		
	Fort Lauderdale, FL 33312			
	City,	State & Zip		
_	954-638-3096			
	Daytime T jasonblitzer84@gmail.com	elephone number		
	E-mail address: (to be used	for future annual report n	iotification)	

NOTE: Please provide the original and one copy of the articles.

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

RTICLE II PRINC	TPAL OFFICE Principal street address	Mailino a	ddress, if different is:
	-		out to the training to the term of the ter
	1 22242		
Fort Lauderdale, f	-L 33312		
RTICLE III PURPO ne purpose for which the	OSE ne corporation is organized is:		
			SEGRETALLA
			NO NO
			
			200 3
			FL 3
			<u>п</u>
	stock is:		
ie number of shares of s	stock is:		
ne number of shares of s	stock is: L OFFICERS AND/OR DIRECTORS	Name and Title:	
ne number of shares of s RTICLE V INITLA Name and Title	tock is: LOFFICERS AND/OR DIRECTORS Jason Blitzer P/D	Name and Title:	
ne number of shares of s RTICLE V INITLA Name and Title Address	L OFFICERS AND OR DIRECTORS Jason Blitzer P/D 3901 Stirling Road Fort Lauderdale, FL 33312	Name and Title:Address:	
ne number of shares of s RTICLE V INITLA Name and Title Address	L OFFICERS AND/OR DIRECTORS Jason Blitzer P/D 3901 Stirling Road Fort Lauderdale, FL 33312	Name and Title:Address:	
RTICLE V INITLA Name and Title Address	L OFFICERS AND OR DIRECTORS Jason Blitzer P/D 3901 Stirling Road Fort Lauderdale, FL 33312	Name and Title: Address: Name and Title: Address:	
RTICLE V INITLA Name and Title Address	L OFFICERS AND/OR DIRECTORS Jason Blitzer P/D 3901 Stirling Road Fort Lauderdale, FL 33312	Name and Title:Address:Name and Title:Name and Title:Address:	
RTICLE V INITLA Name and Title Address Address	L OFFICERS AND/OR DIRECTORS Jason Blitzer P/D 3901 Stirling Road Fort Lauderdale, FL 33312	Name and Title:Address:Name and Title:Name and Title:Address:	
Name and Title: Name and Title: Address	L OFFICERS AND/OR DIRECTORS Jason Blitzer P/D 3901 Stirling Road Fort Lauderdale, FL 33312	Name and Title: Address: Name and Title: Address: Name and Title:	
Name and Title: Name and Title: Address	L OFFICERS AND/OR DIRECTORS Jason Blitzer P/D 3901 Stirling Road Fort Lauderdale, FL 33312	Name and Title: Address: Name and Title: Address: Name and Title: Address:	

Name and	Title:	Name and Title:	
Address			
	<u>REGISTERED AGENT</u>		
The <u>name and Flo</u>	orlda street address (P.O. Box NOT accepta	ible) of the registered agent is:	
Name:	Jason Blitzer		
Address:	3901 Stirling Road		· 2
	Fort Lauderdale, FL 33312		SECRET TALL
<u>ARTICLE VII - I</u>	NCORPORATOR		宝衫 0
The <u>name and ado</u>	dress of the Incorporator is:		5 P 5
Name:	Jason Blitzer		OF STAT
Address: 3901 Stirlin	3901 Stirling Road		TIE
	Fort Lauderdale, FL 33312		
Effective date, if o	EFFECTIVE DATE: Other than the date of filing: 11/17/2020 Ite is listed, the date must be specific and		ior or 90 days after the
	inserted in this block does not meet the app fective date on the Department of State's re		this date will not be liste
	ed as registered agent to accept service of promition with and accept the appointment as r		
,	ason Blitzer		11/17/2020
·	Required Signature/Registered Age	ıt	Date
l submit this docu	ment and affirm that the facts stated here epartment of State constitutes a third degre	in are true. I am assure that the fai	
	lason Blitzer		11/17/2020
Required Signatur	Jason Blitzer	Date	e