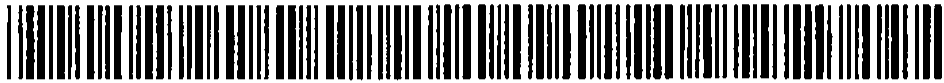


**P21 0000284 87**

Florida Department of State  
Division of Corporations  
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**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.

((H21000126968 3))



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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 : (917) 243-5843

\*\*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  
SHAKE-A-SALAD INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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 2021 MAR 30 AM 11:51  
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 2021 MAR 30 PM 1:15  
 DIVISION OF CORPORATIONS  
 COMMERCIAL SERVICES

*Handwritten signature and date: 3-31-21*

**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: SHAKE-A-SALAD INC

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 2600 COCO PALM CIRCLE  
WESLEY CHAPEL FL 33543  
Mailing address, if different is: 2600 COCO PALM CIRCLE  
WESLEY CHAPEL FL 33543

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: \_\_\_\_\_ to engage in any lawful act or activity for  
which corporations may be organized.

**ARTICLE IV SHARES** 200  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LEIGH ANN MAISEL-Director Name and Title: \_\_\_\_\_  
Address: 2600 COCO PALM CIRCLE Address: \_\_\_\_\_  
WESLEY CHAPEL FL 33543

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

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

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IN AND FOR THE COUNTY OF PALM BEACH

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: LEIGH ANN MAISEL  
 Address: 2600 COCO PALM CIRCLE  
WESLEY CHAPEL FL 33543

2021 MAR 30 AM 11:51  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: LEIGH ANN MAISEL  
 Address: 2600 COCO PALM CIRCLE  
WESLEY CHAPEL FL 33543

**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*

*Leigh Ann Maisel*  
 Required Signature/Registered Agent

3/26/21  
 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.*

*Leigh Ann Maisel*  
 Required Signature/Incorporator

3/26/21  
 Date