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_
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State Light Hollow)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Charly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
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Office Use Only



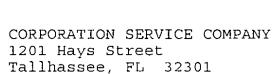
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2021 MAY 11 AH 11:58

QENECES

MAY 2 2021

D CUSHING



Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 807684 436693

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE: May 11, 2021

ORDER TIME : 11:33 AM

ORDER NO. : 807684-010

CUSTOMER NO: 4366930

DOMESTIC FILING

NAME: SUN COAST SERVICE OF SOUTH

FLORIDA INC.

EFFECTIVE DATE:

	CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION				
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING					
CONTACT	PERSON: Eyliena Baker - EXT.				

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT:Sur	Coast Service of South Flo (PROPOSED CORPORA	orida Inc.	HINE CHIEFTY)
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:		e (Printed or typed)	
_	1125 Atlantic Ave., 3rd Fl	OOI Address	
	Atlantic City, NJ 08401 City	. State & Zip	
	609-572-7436		
	Daytime 7	Telephone number	
	kkopervos@cooperlev		
	E-mail address: (to be use	d for future annual report r	notification)

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

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

<u>RTICLE I NAME</u>			· 学、
ne name of the corporat	ion shall be: Sun Coast Service of	f_South_Elorida	Inc.
RTICLE II PRINC	<u> IPAL OFFICE</u>		
	Principal street address		Mailing address, if different is:
325 Sunset Drive # F	3		
			Mailing address, if different is:
Ft. Lauderdale, F	L 33304		
he purpose for which t	<u>OSE</u> he corporation is organized is: <u>Sales & S</u>	Service Co for the	food service industry
RTICLE IV SHARI			
he number of shares of	stock is: 2500		
RTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		
Manager 1 Tide	Patricia Paffa Vecner, President	Ni and mid-	: Robert Vesper, Vice Presiden
Name and Title	Patricia Raffa Vesper, President	Name and Title	Robert Vesper, Vice Fresiden
Address	325 Sunset Drive # B	Address:	325 Sunset Drive # B
		_	
	Fort Lauderdale, FL 33304	<u> </u>	Fort Lauderdale, FL 33304
		_	
Name and Title:	-	Name and Title	· <u></u>
Address		Address:	
ridatess			
		_	
Name and Title:		Name and Title	:
Address		Address:	
			
		_	

Name an	d Title:	Name and Title:	
Address		Address:	
		-	
			
	<u>REGISTERED AGENT</u> prida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Patricia Raffa Vesper		
Address:	325 Sunset Drive # B		
	Fort Lauderdale, FL 33304		
ARTICLE VII	<u>NCORPORATOR</u>		
The name and ad	dress of the Incorporator is:		
Name:	Robert E. Salad, Esquire		
Address:	1125 Atlantic Ave., 3rd Floor	_	
	Atlantic City, NJ 08401		
ARTICLE VIII	EFFECTIVE DATE: ther than the date of filing:Upon Filing	(OPTIONAL)	
	ite is listed, the date must be specific and can		or or 90 days after the
	nserted in this block does not meet the applicablective date on the Department of State's record		this date will not be listed as
certificate, I am fa	d as registered agent to accept service of process miliar with and accept the appointment as regist	s for the above stated corporation tered agent and agree to act in th	at the place designated in this is capacity
	Kitalar		5/10/2021
	Required Signature/Registered Agent		Date
I submit this docu document to the D	ment and affirm that the facts stated herein an epartment of State constitutes a third degree felo	re true. I am aware that the fals ony as provided for in s.817.155,	e information submitted in a F.S.
	July Janes		5/10/2021
Required Signature	/Incorporator	Date	

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