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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
FS FOODIES CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

5/26/21
5/26/21
PM 1:26:21 MAY 25 PM 4:34

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

ARTICLE I NAMEThe name of the corporation shall be: SF FOODIES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2333 BRIKELL AVE APT 511 MIAMI FL 33129**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GABRIEL PABLO SERASIO PName and Title: ALICIA BEATRIZ VECCHIARELLI VPAddress 2333 BRIKELL AVE APT 511
MIAMI FL 33129Address: 2333 BRIKELL AVE APT 511
MIAMI FL 33129Name and Title: GERMAN GRUDNY D

Name and Title: _____

Address 2333 BRIKELL AVE APT 511
MIAMI FL 33129

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: GABRIEL PABLO SERASIO
Address: 2333 BRIKELL AVE APT 511
MIAMI FL 33129

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GABRIEL PABLO SERASIO
Address: 2333 BRIKELL AVE APT 511
MIAMI FL 33129

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 days prior or 90 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


Required Signature/Registered Agent

5-19-21
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.


Required Signature/Incorporator

5-19-21
Date