6/25/2021

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6381

Promi

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC

Account Number |

Phone : (Pax Number : (

: (239)850-9451 : (866)929-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mall Address: OFFICEONECLEANING and I. Way

FLORIDA PROFIT/NON PROFIT CORPORATION BBB EATS, INC

Certificate of Status	1
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June 30, 2021

FLORIDA DEPARTMENT OF STATE

PERMITTING SPEACIALIST OF FOOD & HEVERAGE INC

SUBJECT: BBB EATS REF: W21000094257

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered office and the registered agent, both at the same Plorida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any further questions concerning your document, please call (850) 245-6052.

Alannah M Carranza Regulatory Specialist II New Filings FAX Aud. #: H21000249354 Letter Number: 421A00014938

P.O BOX 6327 - Fallahassee, Florida 32314

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COVER LETTER

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

SUBJECT:	BBB EATS, INC		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation an	d a check for.
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$1 \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM: B	EN JOLLOFF Name	(Printed or typed)	
14	010 TONKEL RD		
		Address	
FC	ORT WAYNE, IN 46845		
	City,	State & Zlp	
2	260-273-0092		
	Daytime T	elephone number	
C	OFFICEONECLEANING@	<u> </u>	
	E-mail address: (to be use	d for future annual report i	notification)

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

(H210002493543)

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

A <i>KTICLE I NAM</i> The name of the corpo			
ARTICLE II PRIN	CIPAL OFFICE Principal street address	Mailling address, if different is: 14101 TONKEL RD FORT WAYNE, IN 46845	
CAPE CORAL			
ARTICLE III PURI The purpose for which	POSE a the corporation is organized is: Any an	d all lawful business	
The number of shares of	of stock is: 1000		
The number of shares of	of stock is: 1000	Name and Title:	
The number of sheres of	IALOFFICERS ANDIOR DIRECTORS 148 BENJAMIN R JOLLOFF / PRES. 140 10 TONKEL RD	_ Name and Title:	
The number of shares of ARTICLE V INST. Name and Ti	IALOFFICERS ANDIOR DIRECTORS 148 BENJAMIN R JOLLOFF / PRES.		
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The number of shares of ARTICLE V INIT	ALOFFICERS ANDIOR DIRECTORS THE BENJAMIN R JOLLOFF / PRES. 14010 TONKEL RD FORT WAYNE, IN 46845	Address:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
The number of shares of ARTICLE V INIT Name and The Address Name and Tit	ALOFFICERS AND OR DIRECTORS ALD BENJAMIN R JOLLOFF / PRES. 14010 TONKEL RD FORT WAYNE, IN 46845	Address:	1 1
The number of shares of ARTICLE V INIT Name and The Address Name and Tit	ALOFFICERS AND OR DIRECTORS ALD BENJAMIN R JOLLOFF / PRES. 14010 TONKEL RD FORT WAYNE, IN 46845 LE: CRAIG R JOLLOFF / V PRES. 440 LANE 101 JIMMERSON LAKE	Address:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The number of shares of ARTICLE V INIT Name and The Address Name and Tit	IN. OFFICERS ANDIOR DIRECTORS ILLE BENJAMIN R JOLLOFF / PRES. 14010 TONKEL RD FORT WAYNE, IN 46845 ILLE CRAIG R JOLLOFF / V PRES. 440 LANE 10" JIMMERSON LAKE ANGOLA, IN 46703		
Name and Tit Address Name and Tit Address	IN. OFFICERS ANDIOR DIRECTORS ILLE BENJAMIN R JOLLOFF / PRES. 14010 TONKEL RD FORT WAYNE, IN 46845 ILLE CRAIG R JOLLOFF / V PRES. 440 LANE 10" JIMMERSON LAKE ANGOLA, IN 46703	Address:	

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(H210002493543)

. Name	and Titte:	Name and Title:
Addre		Address
		of the registered agent is:
Name:	BENJAMIN R JOLLOFF	
Address:	842 LAFAYETTE ST	_
	CAPE CORAL, FL 33904	
	_INCORPORATOR address of the loce position is: BENJAMIN R JOLLOFF	
Address	842 LAFAYETTE ST	_
	CAPE CORAL, FL 33904	- -
iffertive dans, i If an effective Ilag.) Intal If the dat		(OPTIONAL) of be more than five days prior or 90 days after the estatutory filing requirements, this data will not be listed as
laring best na in certificate, i	consider a registered agent to accept service of process on fundition with and accept the appointment as respectively. Required Signature/Registered Agent	s for the above stated corporation at the piece designated in glassed agent and agree to act in this capacity 6/17/2/
sabmit this do	cument and affirm that the facts stated herein are	Date True. I am aware that the false information submitted in a
Deservant to the	Department of State possibilities a third degree files	ny as provided for to 4817.355, F.S. (
Kett	tired Signature/and recordor	Dete

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TO: Dept of State

FAX 850-617-6381

FROM: Permitting Specialist of Food & Beverage

Fax: 866-929-0535

Email: ps[b@comcast.net

FAX COVER PAGE

OF PAGES 6

RE: BBB Eats, Inc.

6/30/2, SECOND SUBMITTION (H21000 2493543)

7/7/31 Third Submission
Attached is a new application that was originally sent on June 25, 2021. Not sure why this has not been worked yet. Please process as quickly as possible and send me the information needed.

If you should have any questions, please contact me at 239-850-9451

Thank you,

Kathy Long