

P21000103265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

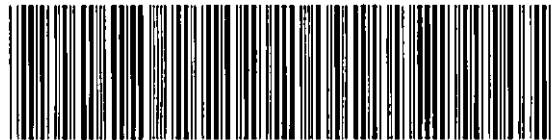
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/09/21--01001--004 **386.25

ALLAHASSEE, ALA

2021 DEC -8 PM 3:56

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STATE

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12905 SW 42 STREET Suite: 210
MIAMI, FL 33175
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Cutting Edge Foods of ILLINOIS, Inc.
(CORPORATE NAME) (DOCUMENT #)

2. _____ F21000000472
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

X Pick up time: _____

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:
X	Domestication

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2021

EXPRESS

SUBJECT: CUTTING EDGE FOODS OF ILLINOIS, INC.
Ref. Number: W21000156584

We have received your document for CUTTING EDGE FOODS OF ILLINOIS, INC. and your check(s) totaling \$386.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the name of the Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan
Regulatory Specialist III

Letter Number: 121A00029617

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FLORIDA DEPARTMENT OF STATE

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Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Shlomoh Ben David, President
(Name) (Title)
of CUTTING EDGE FOODS OF ILLINOIS, INC. F21000000472, a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is CUTTING EDGE FOODS OF ILLINOIS, INC.
(Foreign Corporation)

2. The jurisdiction and date of its formation is IL 06-10-1997

3. The name of the domesticated corporation is CUTTING EDGE FOODS OF ILLINOIS, INC.

4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

Shlomoh Ben David
(Authorized Signature)

2021 DEC 10 AM 8:14

STATE

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

CUTTING EDGE FOODS OF ILLINOIS, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

2743 Hollywood Blvd Hollywood, FL 33020

Mailing Address

2743 Hollywood Blvd Hollywood, FL 33020

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Producing, marketing and selling meat products

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESSTHE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Shlomoh Ben David

2743 Hollywood Blvd

Hollywood, FL 33020

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

12/6/21
Date

ARTICLE V DIRECTORS AND/OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Shlomoh Ben David Director

Address: 2743 Hollywood Blvd Hollywood
Florida, 33020

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that 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.

Signature/Authorized Person

12/6/21

Date

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2021 ED