

P22000075541
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
MAMAKAS FOOD GROUP INC.**

****PLEASE PROVIDE
ORIGINAL FILE DATE
OF 09/28/22****

Certificate of Status	0
Certified Copy	1
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2022-09-30 PM 4:08

2022-09-28 PM 1:05

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Corporate Filing Menu

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09/30/2022

To:


Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

From:

Mamakas Food Group LP
8001 Biscayne Blvd
Miami, FL 33138

TO WHOM IT MAY CONCERN:

Mamakas Food Group LP (Document Number A21000000440), who are also the incorporators of Mamakas Food Group Inc., give their permission to incorporate a new entity under the name Mamakas Food Group Inc.

DocuSigned by:

OF 09/30/2022 11:05
Steven Gold, General Partner

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COVER LETTER

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

SUBJECT: MAMAKAS FOOD GROUP INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: STEVEN GOLD

Name (Printed or typed)

11 FOREST LANE DR.

Address

THORNHILL, ON L4J 3P2

City, State & Zip

1-416-648-4065

Daytime Telephone number

info@taxonweb.ca

E-mail address: (to be used for future annual report notification)

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

SEP 30 2022 11:05

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DocuSign Envelope ID: C6E0BBFA-5651-4D18-9BCD-4FA1A8C1792F

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MAMAKAS FOOD GROUP INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address7699 BISCAYNE BLVD, SUITE BMIAMI, FL 33138

Mailing address, if different is:

11 FOREST LANE DR.THORNHILL, ON L4J 3P2 CANADA**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: REAL ESTATE**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: STEVEN GOLDDIRECTOR

Address:

11 FOREST LANE DR.THORNHILL, ON L4J 3P2 CANADA

Name and Title: _____

Address: _____

Name and Title: JAMES CHRISTODOULISDIRECTOR

Address

2 FLEANCE DR.THORNHILL ON L3T 3J9 CANADA

Name and Title: _____

Address: _____

Name and Title: ATHANASIOS VRETTAKOSDIRECTOR

Address

11 MONTROSE AVE.TORONTO, ON M6J 2T6 CANADA

Name and Title: _____

Address: _____

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MORALES LEGAL PA
Address: 7699 BISCAYNE BLVD, SUITE B
MIAMI, FL 33138

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: STEVEN GOLD
Address: 11 FOREST LANE DR.
THORNHILL, ON L4J 3P2 CANADA

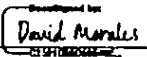
ARTICLE VIII EFFECTIVE DATE:

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	9/27/2022 _____ Date
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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	9/27/2022 _____ Date
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