1/13/23, 1:10 PM

## Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031

Phone : (800)906-9220 fax Number : (800)906-9880

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FLORIDA PROFIT/NON PROFIT CORPORATION GOURMET MANAGEMENT GROUP SOUTH FLORIDA, INC.

Certificate of Status	1
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE II PRIN	Principal street address	Mailin	g address, if different is:
52 EDEN ROC CT		<del></del>	
ELRAY BEACH, I	FL 33446		
FICLE III PURF purpose for which	POSE the corporation is organized is:	Y LAWFUL PURPOSE	
			<u> </u>
			نام -
<del></del> -			···-
TICLE IV SIIAR number of shares of	<u>RES</u> f stock is: 200	<u>_</u>	:
number of shares of	f stock is:		
number of shares of	f stock is:		<u>:</u> - ·
number of shares of	f stock is:	Name and Title:	
number of shares of VICLE V INITL Name and Titl	f stock is:	Name and Title: Address:	
number of shares of VICLE V INITL Name and Titl	f stock is:  AL OFFICERS AND/OR DIRECTORS  e: ALFREDO DOLGETTA  9452 EDEN ROC CT	Name and Title: Address:	
number of shares of YCLE V INITE Name and Titl Address	f stock is:  AL OFFICERS AND/OR DIRECTORS  e: ALFREDO DOLGETTA  9452 EDEN ROC CT  DELRAY BEACH, FL 33446	Name and Title: Address:	
number of shares of YCLE V INITE Name and Titl Address	f stock is:  AL OFFICERS AND/OR DIRECTORS  e: ALFREDO DOLGETTA  9452 EDEN ROC CT  DELRAY BEACH, FL 33446	Name and Title:  Address:  Name and Title:	
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Name and Title  Name and Title  Address	f stock is:  AL OFFICERS AND/OR DIRECTORS  e: ALFREDO DOLGETTA  9452 EDEN ROC CT  DELRAY BEACH, FL 33446	Name and Title:  Address:  Name and Title:  Address:	
Name and Title  Name and Title  Address	f stock is:  AL OFFICERS AND/OR DIRECTORS  e: ALFREDO DOLGETTA  9452 EDEN ROC CT  DELRAY BEACH, FL 33446	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	

Name ai	nd Title:	Name and Title:	
Addres	s	Address:	
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	ALFREDO DOLGETTA	·	
Address:	9452 EDEN ROC CT	<del></del>	
	DELRAY BEACH, FL 33446	<del></del>	
ARTICLE VII	<u>INCORPORATOR</u>		<b>6</b> 3
The name and no	ddress of the Incorporator is:		<u></u>
Name:	ALFREDO DOLGETTA		
Address:	9452 EDEN ROC CT		 
	DELRAY BEACH, FL 33446		<u> </u>
	22.01.22.101.11.23.110		دن
ARTICLE VIII	EFFECTIVE DATE:	1	(د) اما
Effective date, if (If an effective d	other than the date of filing:	. (OPTIONAL) I cannot be more than five days prior or 90 days afte	r the
filing.) Notae Withu data	incomed in this block days are a most	To the control of the	
the document's e	frective date on the Department of State's r	olicable statutory filing requirements, this dute will not becords.	c listed as
Having been nam certificate. I am fi	ned as registered agent to accept service of pr iumiliar with and accept the appointment as	ocess for the above stated corporation at the place design registered agent and agree to act in this capacity	iated in thi
/\$/ ALFREDO [	DOLGETTA	1/13/2023	
	Required Signature/Registered Age	nt Date	
submit this doci locument to the L	ument and affirm that the facts stated hero Ocpartment of State constitutes a third degre	th are true. I am aware that the false information sub e felony as provided for in s.817.155, F.S.	mitted in a
/S/ ALFREDO	DOLGETTA	1/13/2023	
Required Signatur	re/Incorporator	Date	