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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : GERALD WEINBERG, P.C.
Account Number : 120030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

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
Q'S CARIBBEAN KITCHEN & PASTRY SHOP INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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

ARTICLE I NAME
The name of the corporation shall be: Q'S CARIBBEAN KITCHEN & PASTRY SHOP INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 1215 N. ORANGE AVENUE, ORLANDO, FL 32804
Mailing address, if different is: 1215 N. ORANGE AVENUE, ORLANDO, FL 32804

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEMAR NEWELL - PRESIDENT
Address: 6275 SAND LAKE VISTA DR., UNIT 3224, ORLANDO, FL 32804

Name and Title:
Address:

Name and Title:
Address:

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STATE OF FLORIDA
TALLAHASSEE, FL

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: KEMAR NEWELL
 Address: 6275 SAND LAKE VISTA DR., UNIT 3224
ORLANDO, FL 32804

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: LAWRENCE A. KIRSCH
 Address: 41 STATE STREET, SUITE 700
ALBANY, NY 12207

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

/s/ Kamar Newell
 Required Signature/Registered Agent

08/17/2023
 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.

Lawrence A. Kirsch
 Required Signature/Incorporator

08/17/2023
 Date

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 DEPARTMENT OF STATE
 TALLAHASSEE, FL

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