

P240000008977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

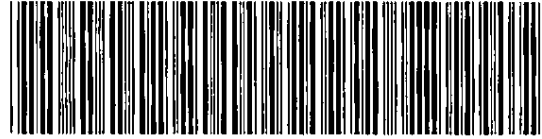
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/05/24--01007--012 **76.75

FILED
2024 FEB -5 AM 6:34
TALLAHASSEE, FL
RECEIVED
2024 FEB -5 AM 10:31
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 2/5

XX CERTIFIED COPY _____
PHOTOCOPY _____
GS _____
XX FILING INC _____

1. HOUSE OF GERMAN FLAVORS INC.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: House of German Flavors Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1317 Edgewater Dr., Ste. #6012
Orlando, FL 32804

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mirko Hanno Raatz - President

Address: 1317 Edgewater Dr., Ste. #6012

Name and Title: Sandra Raatz - Vice President

Address: 1317 Edgewater Dr., Ste. #6012

Name and Title: Mirko Hanno Raatz - Treasurer

Address: 1317 Edgewater Dr., Ste. #6012

Name and Title: Sandra Raatz - Secretary

Address: 1317 Edgewater Dr., Ste. #6012

Name and Title: Mirko Hanno Raatz - Director

Address: 1317 Edgewater Dr., Ste. #6012

Name and Title: Sandra Raatz - Director

Address: 1317 Edgewater Dr., Ste. #6012

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2024 FEB - 5 AM 6:33
CLERK OF DISTRICT COURT
JULIA HASSELT

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: Registered Agents Inc.

Address: 7901 4th St N., Ste. 300

St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Amanda J. Beren

Address: 31416 Agoura Rd., St. 118

Westlake Village, CA 91361

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

David Roberts

Required Signature/Registered Agent

02/02/2024

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.

AJB

Required Signature/Incorporator

02/02/2024

Date