

# P25000032087

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

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000199130 3)))



H250001991303ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

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

From:  
Account Name : AIREN CONSULTING  
Account Number : I20240000131  
Phone : (305)316-1857  
Fax Number : (305)503-9619

**\*\*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 OLAT FOODS NORTH AMERICA INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

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

**SUBJECT:** OLAT FOODS NORTH AMERICA 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** LUIS FERNANDO HEREDIA ARVIDE  
Name (Printed or typed)

1221 BRICKELL AVE, SUITE 900  
Address

MIAMI, FL 33131  
City, State & Zip

502-55282327  
Daytime Telephone number

F.HEREDIA@CHOCOTEC.CO  
E-mail address: (to be used for future annual report notification)

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

**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: OLAT FOODS NORTH AMERICA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address1221 BRICKELL AVENUE, SUITE 900MIAMI FL 33131

Mailing address, if different is:

1221 BRICKELL AVENUE, SUITE 900MIAMI FL 33131**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: IMPORT, SALE AND DISTRIBUTION OF FOOD AND BEVERAGE PRODUCTS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUIS FERNANDO HEREDIA ARVIDE

Name and Title: \_\_\_\_\_

Address 1221 BRICKELL AVENUE, SUITE 900

Address: \_\_\_\_\_

MIAMI FL 33131

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: OLAT FOODS CORP, LUIS FERNANDO HEREDIA ARVIDE  
Address: 1221 BRICKELL AVENUE, SUITE 900  
MIAMI FL 33131

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: AIREN CONSULTING  
Address: 1405 SW 107TH AVE SUITE 301-I  
MIAMI FL 33174

**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:*

Luis Fernando Heredia [Signature] 06/03/2025  
Required Signature/Registered Agent 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.*

[Signature] 06/03/2025  
Required Signature/Incorporator Date