

CORPORATION INFORMATION
SERVICE, INC.
4201 HAYS STREET
TALLAHASSEE, FL 32310
904-222-9171
904-222-0191 FAX

CSO networks

Mail To:
P.O. Box 5020
Tallahassee, FL 32314

ACCOUNT NO. : 0721000000032

REFERENCE : 529942 0759A

AUTHORIZATION :

Patricia Pyzdek

COST LIMIT : \$ 122.50

ORDER DATE : January 25, 1995

ORDER TIME : 10:09 AM

ORDER NO. : 529942

CUSTOMER NO: 0759A

000001388260

CUSTOMER: Teresa Pitta, Legal Assistant
SHARIT BUNN & CHILTON

99 Sixth Street, S.W.

Winter Haven, FL 33880

DOMESTIC FILING

P95000006638

NAME: OSCAR'S FOOD SERVICE, INC.

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS:

Tm
1-25-95
02/A

FILED
95 JAN 25 PM 4:06
TALLAHASSEE, FL 32310

ARTICLES OF INCORPORATION
OF
OSCAR'S FOOD SERVICE, INC.

FILED
95 JUN 25 11:46 AM '06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator heroby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

OSCAR'S FOOD SERVICE, INC.

The address of the principal office of this corporation shall be 302 Progress Road, Auburndale, Florida 33823, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 7,500 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc., on January 25, 1995.

CORPORATION INFORMATION SERVICES, INC.

By: _____

Gail Shelby
Its Agent, Gail Shelby

95 FILED
JAN 25 1995
FIDELITY

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: *Gail Shelby*
Its Agent, Gail Shelby

CMV/dks

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1996 OCT 10 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra Q. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000006638

1. Corporation Name

OSCAR'S FOOD SERVICE, INC.

REINSTATEMENT *all up*

Principal Place of Business

302 PROGRESS ROAD
AUBURNDALE FL 33823

Mailing Address

302 PROGRESS ROAD
AUBURNDALE FL 33823



400001979864--0
-10/10/96--01033--024
****375.00 ****375.00

If above addresses are incorrect in any way, fill through incorrect information and enter correction below

2. New Principal Office Address, if Applicable
301 NE 183rd Street
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable
301 NE 183rd Street
Suite, Apt. #, etc.

4. Date incorporated or Qualified
to Do Business in Florida 01/25/1995

5. FEI Number
65-0554829

Applied For
Not Applicable

City & State
Miami FL
Zip 33179
Country USA

City & State
Miami FL
Zip 33179
Country USA

6. CERTIFICATE OF STATUS DESIRED ☐ 38.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	OSCAR SOTOLONGO	301 N.E. 183rd Street	Miami, FL 33179
D	Bryan N. Sotolongo	4 Bridgewater Dr. SE.	Winter Haven, FL 33884
D	Stephen C. Sotolongo	3112 Post Oak Court	Winter Haven, FL 33884
D	John M. Sotolongo	2913 Plantation Road	Winter Haven, FL 33884
ALS	Mitchell Harris	302 Progress Rd	Auburndale, FL 33823

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

9. Name and Address of Now Registered Agent

Name M. MITCHELL HARRIS
Street Address (P.O. Box Number is Not Acceptable)
302 PROGRESS RD
Suite, Apt. #, Etc.

City AUBURNDALE State FL Zip Code 33823

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN

Date 9-17-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath

SIGNATURE: *[Signature]* M. MITCHELL HARRIS 10-9-96 94-967-0636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #