

P22000039901

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
Account Number : I20190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: alex.lekakis@yahoo.com

2022 MAY 23 PM 2:25

FLORIDA PROFIT/NON PROFIT CORPORATION

A&E Foodies, Inc

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

RECEIVED

2022 MAY 23 AM 9:08

REGISTRARS
COMMERCIAL
SERVICES

(H22000181023)

COVER LETTER

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

SUBJECT: A&E FOODIES, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: A&E FOODIES, INC
Name (Printed or typed)
9440 SARDINIA WAY #107
Address
FT MYERS, FL 33908
City, State & Zip
347-821-2825
Daytime Telephone number
ALEX.LEKAKIS@YAHOO.COM
E-mail address: (to be used for future annual report notification)

2022 MAY 23 PM 2:25

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

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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: A&E FOODIES, INC

ARTICLE II PRINCIPAL OFFICE
Principal street address
9440 SARDINIA WAY #107
FORT MYERS, FL 33908

Mailing address, if different is:
9440 SARDINIA WAY #107
FORT MYERS, FL 33908

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXANDER LEKAKIS/PRES
Address: 9440 SARDINIA WAY # 107
FORT MYERS, FL 33908

Name and Title: _____
Address: _____

Name and Title: EMILY MARTINO/V. PRES
Address: 9440 SARDINIA WAY # 107
FORT MYERS, FL 33908

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

(H22000181023)

(H22000181023)

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: ALEXANDER LEKAKIS

Address: 9440 SARDINIA WAY # 107
FORT MYERS, FL 33908

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ALEXANDER LEKAKIS

Address: 9440 SARDINIA WAY # 107
FORT MYERS, FL 33908

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

Aly R. Le...

 Required Signature/Registered Agent

5/20/22

 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.

Aly R. Le...

 Required Signature/Incorporator

5/20/22

 Date

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 FILED
 DEPARTMENT OF STATE
 TALLAHASSEE, FL

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