

P03000090300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

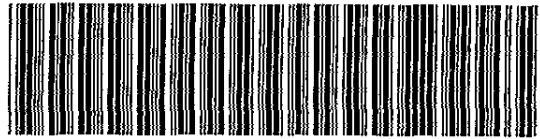
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400022211474

08/15/03--01010--006 **70.00

FILED
03 AUG 15 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: SCHAKOLAD OF INTERNATIONAL DRIVE, 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: EDGAR SCHAKED
Name (Printed or typed)

7601 MAJESTIC PINE CT.
Address

ORLANDO, FL 32819
City, State & Zip

407-970-8323
Daytime Telephone number

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:

SCHAKOLAD OF INTERNATIONAL DRIVE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7601 MAJESTIC PINE CT.
ORLANDO, FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CANDY & CONFECTIONARY GIFT STORE

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

EDGAR SCHAKED
7601 MAJESTIC PINE CT.
ORLANDO, FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EDGAR SCHAKED
7601 MAJESTIC PINE CT.
ORLANDO, FL 32819

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

Signature Registered Agent

Date

Signature Incorporator

Date

FILED
03 AUG 15 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA