

PO800000 3437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Stevie G's Cookies, 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

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

FROM: Audra L Cona

Name (Printed or typed)

11612 Whiterook Court

Address

Tampa, FL 33626

City, State & Zip

(813) 855-6312

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:

STEVIE G'S COOKIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

MOBILE
TAMPA, FL /
11612 WHITEROOK COURT
TAMPA, FL 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

**OWNER/OPERATOR,
AUDRA L. CONA**

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

AUDRA L CONA
11612 WHITEROOK COURT
TAMPA, FL 33626

ARTICLE VII INCORPORATOR

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

AUDRA L CONA
11612 WHITEROOK COURT
TAMPA, FL 33626

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

Audra L Cona

Signature/Registered Agent

1/1/2008

Date

Audra L Cona

Signature/Incorporator

1/1/2008

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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