

P 140000 78339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

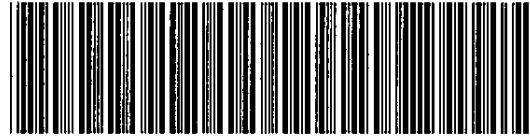
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500263634945

09/19/14--01005--023 **70.00

FILED
14 SEP 19 PM 4:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

SEP 2 2014
S. GILBERT

COVER LETTER

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

SUBJECT: Gerald's Kitchen, 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: Gerald D. Scallan

Name (Printed or typed)

13261 Lillian Hwy #4

Address

Pensacola, Fl. 32506

City, State & Zip

850-390-4181

Daytime Telephone number

gds7800@yahoo.com

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)

FILED
14 SEP 19 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: Gerald's Kitchen, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address
13261 Lillian Hwy #4
Pensacola, FI 32506

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to prepare and sell food from a food wagon to the general public.

ARTICLE IV SHARES 1
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Gerald D. Scallan, President</u>	Name and Title:	<u>Wanda L. Schnorrenberg, Co-President</u>
Address:	<u>13261 Lillian Hwy. #4</u> <u>Pensacola, FI 32506</u>	Address:	<u>13261 Lillian Hwy #4</u> <u>Pensacola, FI 32506</u>

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

(cont.)

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: Gerald D. Scallan
 Address: 13261 Lillian Hwy #4
Pensacola, Fl 32506

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gerald D. Scallan
 Address: 13261 Lillian Hwy #4
Pensacola, Fl 32506

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

Gerald D. Scallan 9-17-14
 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.

Gerald D. Scallan 9-17-14
 Required Signature/Incorporator Date