

PA3000039097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

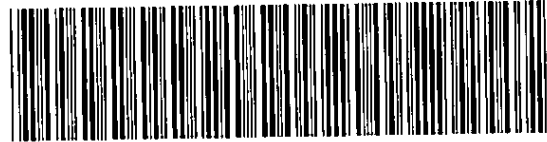
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2023 MAY 18 PM 9:05

SECRETARY OF STATE
TALLAHASSEE, FL

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: Barren's way INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1937 Longview Dr

Mailing address, if different is:

Tallahassee FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Purchasing chip and bread route

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angelya Clements

Address: 1937 Longview Dr.
Tallahassee FL,
32303 (president)

Name and Title: Clifford Barren Jr

Address: 1937 Longview
Dr. Tallahassee
FL, 32303 (president)

Name and Title: Pamela Andrews

Address: 4141 Kreisch way
Tallahassee FL
32303 (officer)

Name and Title: Markel Andrews

Address: 1706 pumpano dr
Poinciana FL 34759
(Officer)

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FL

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: Angelyca Clements
Address: 1937 Longview Dr
Tallahassee FL

ARTICLE VII INCORPORATOR

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

Name: Angelyca Clements
Address: 1937 Longview Dr
Tallahassee FL

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.)

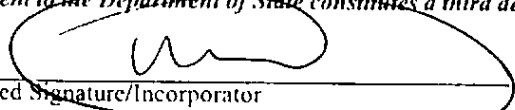
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

5/18/23
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.


Required Signature/Incorporator

5/18/23
Date

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