

1
P13000015367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

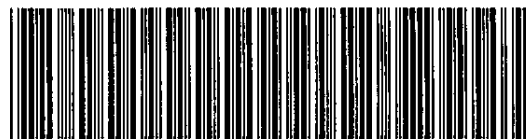
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300244491803

02/14/13--01009--012 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 FEB 14 AM 9:52

FILED

J. Shivers FEB 15 2013

COVER LETTER

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

SUBJECT: **GLOBAL SWEETS CO.**

(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: **NIR ROGOVSKI**

Name (Printed or typed)

978 NORTH BENEVA ROAD

Address

SARASOTA, FLORIDA 34232

City, State & Zip

941 677-8420

Daytime Telephone number

rogovski@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: GLOBAL SWEETS CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

978 N. BENEVA RD.

SARASOTA, FL 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: retail, wholesale & web sale of consumable food products and accesories.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nir Rogovski, Founder

Address

978 N. beneva Rd.
Sarasota, FL 34232

Name and Title: Daniel Meidan, Founder

Address:

107 Westervelt Ave
Tenefly, NJ 07670

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
ALLIANCE FOR FLORIDA

13 FEB 14 AM 9:52

FILED

(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: Nir rogovski
Address: 978 N. Beneva Rd
Sarasota, FL 34232

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nir Rogovski
Address: 978 N. Beneva Rd.
Sarasota, FL 34232

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

Nir Rogovski 2/12/13
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.

Nir Rogovski 2/12/13
Required Signature/Incorporator Date

DEPT. OF STATE
TALLAHASSEE
FLORIDA

13 FEB 14 AM 9:52

FILED