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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

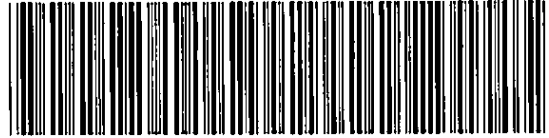
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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05/11/21--11:33:04



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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:**

3/15/21

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**CERTIFIED COPY**

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**FILING**

Articles Inc

1.

Palms Pantry, Inc.  
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

**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: Palms Pantry, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4315 Coquina Drive  
Jacksonville, FL 32250

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Bodega Store

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000,000

2021 MAR 15 AM 11:44

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: James Amerault Name and Title: President/Director

Address 4315 Coquina Drive Address: \_\_\_\_\_  
Jacksonville, FL 32250

Name and Title: Lindsay Amerault Name and Title: Secretary/Treasurer/Director

Address 4315 Coquina Drive Address: \_\_\_\_\_  
Jacksonville, FL 32250

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Lindsay Amerault

Address: 4315 Coquina Drive

Jacksonville, FL 32250

**ARTICLE VII INCORPORATOR**

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

Name: Lindsay Amerault

Address: 4315 Coquina Drive

Jacksonville, FL 32250

**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*

*Lindsay Amerault* 3/12/2021  
Required Signature/Registered Agent Lindsay Amerault, 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.*

*Lindsay Amerault* 3/12/2021  
Required Signature/Incorporator Lindsay Amerault, Incorporator Date