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To:

Division of Corporations

Fax Number : (850)617-6381

From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081

Phone Fax Number : (307)200-2803 : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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CIDATE	MUUIESS.			

FLORIDA PROFIT/NON PROFIT CORPORATION

Barrel and Cruse, Inc.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$70.00

WIN 2 5 2021

T. SCOTT

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the	<u>NAME</u> be corporation shall be: Barrel and Cruse, I	Inc.			_
	PRINCIPAL OF FICE				
,	Principal street address:		Mailing address, if different is:	:	
7901	L 4th St N				
STE	300				
St. F	Petersburg FL 33702 US	<u></u>			
ARTICLE III	PURPOSE for which the corporation is organized is: The	e purpose of organiz	ation includes, but is not limited to: Barrel	and Cruse, Inc	<u>:</u> .
	share the over abundance of what has				
	red with love and respect to those who o				 lv
	r physical hunger, but generous portions				
ARTICLE IV	MANNER OF ELECTION The mann	ner in which the dir	ectors are elected and appointed: State	ed within Byla	IWS
TAX TESS T	MIN (1970)				
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	<u>TORS</u>			
Name and Tit	le: Tiffani Lancaster - Director	Name and Titl	c: Amanda Oralls - Director		
Address	7901 4th St N STE 300	Address:	7901 4th St N STE 300		
	St. Petersburg FL 33702 US	_	St. Petersburg FL 33702 US		
		_		_	
Name and Tit	_{le:} Heidal Nannini - Director	Name and Title: Address: Address:			9 1 5
Address	7901 4th St N STE 300				=
	St. Petersburg FL 33702 US	_	- Part Adversor	ASS	<u></u> ع بــ
				ැතිට .	· .
Name and Tit	ile:	Name and Titl	e:	Tal on the second	5 C
Address		Address:		38 30/	;

Name and Title:		Name and Title:
Address		Address:
_		
Manager of Tister		Name and Title:
Name and Title:		
Address		Address:
	<u> </u>	
_		
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acce	entable) of the registered agent is:
	Northwest Registered Agent LLC	epadote) of the registered agent is:
Name:		·
Address:	7901 4th St N STE 300	
	St. Petersburg FL 33702	
	INCORPORATOR dress of the Incorporator is:	
	Tiffani Lancaster	
Name:		
Address:	7901 4th St N STE 300	
	St. Petersburg FL 33702	
	EFFECTIVE DATE:	100mm
	other than the date of filing:ate is listed, the date must be specific a	. (OPTIONAL) ind cannot be more than five days prior or 90 days after the filing.)
	•	
	inserted in this block does not meet the a ive date on the Department of State's rec	applicable statutory filing requirements, this date will not be listed as the
document 3 check	The date of the pepartition of State 3 fee	volus.
		e of process for the above stated corporation at the place designated in this
certificate, I am fi	amiliar with and appointment	as registered agent and agree to act in this capacity
	10m Th	V C 06/24/2021
	Required Signature of Registere	rd Agent Date
	ment and affirm that the facts stated her t of State constitutes a third degree felony	rein are true. I am aware that any false information submitted in a document y as provided for in s.817.155, F.S.
_	1 1	
	Hani Laney Required Signature of Inco	orporator Date