

WIS00000247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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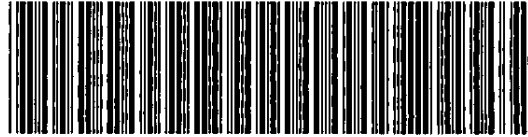
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Florida Nutrition Services, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Sheena V. Perry
Name (Printed or typed)

10228 Summerview Circle
Address

Riverview, FL 33578
City, State & Zip

727-657-5704
Daytime Telephone number

sheenaperry11@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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Florida Nutrition Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

10228 Summerview Circle

Riverview, FL 33578

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To offer nutrition education and sponsor child care centers participating in
the Child Care Food Program.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

Majority vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sheena V. Perry

Address 10228 Summerview Circle

Riverview, FL

33578

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR -6 AM 8:10

FILED

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Sheena V. Perry

Address: 10228 Summerview Circle
Riverview, FL 33578

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sheena V. Perry

Address: 10228 Summerview Circle
Riverview, FL 33578

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

Sheena V. Perry
Required Signature of Registered Agent

3/3/15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Sheena V. Perry
Required Signature of Incorporator

3/3/15
Date

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TALLAHASSEE FLORIDA