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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 OCT - 7 AM 11: 20

*n* 10/14/15

**COVER LETTER**

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

**SUBJECT:** Pike's Pantry, 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:** Rodney Sprinkel  
Name (Printed or typed)

19694 31st Road  
Address

Wellborn, Florida 32094  
City, State & Zip

(386) 963-3188  
Daytime Telephone number

rsprinkel@hotmail.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)

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**ARTICLE I NAME**

The name of the corporation shall be: Pike's Pantry, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
19694 31st Road

Wellborn, Florida 32094

Mailing address, if different is:

19694 31st Road

Wellborn, Florida 32094

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to benefit disabled vets and seniors by providing them with a food pantry,  
housing, and counseling. In addition, the organization will assist in any other way possible.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: the directors will  
be elected and appointed according to the company's bylaws

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

Name and Title:	<u>Rodney Sprinkel, President</u>	Name and Title:	<u>Joshua Grandas, Treasurer</u>
Address	<u>19694 31st Road</u>	Address:	<u>19694 31st Road</u>
	<u>Wellborn, Florida 32094</u>		<u>Wellborn, Florida 32094</u>

Name and Title:	<u>David Sprinkel, Vice President</u>	Name and Title:	<u>Donald Gardner, Secretary</u>
Address	<u>19694 31st Road</u>	Address:	<u>203 Rock Springs Road</u>
	<u>Wellborn, Florida 32094</u>		<u>Belton, South Carolina 29627</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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: Rodney Sprinkel  
Address: 19694 31st Road  
Wellborn, Florida 32094

**ARTICLE VII INCORPORATOR**

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

Name: Rodney Sprinkel  
Address: 19694 31st Road  
Wellborn, Florida 32094

**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 business days prior or 90 business days after the filing.)**

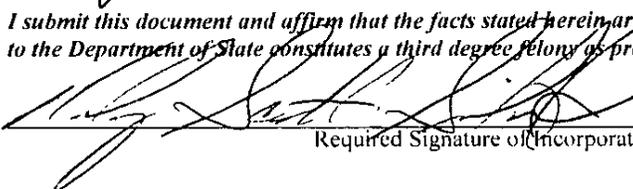
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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 of Registered Agent

10/5/15  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

10/5/15  
Date

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DIVISION OF CORPORATION  
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