

N18 000 000 840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

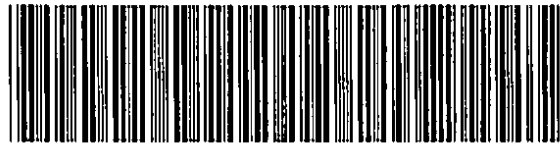
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D O'KEEFE

JAN 25 2018

COVER LETTER

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

SUBJECT: Chickalakee Chickens, 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: Cathlene Miner
Name (Printed or typed)

225 Atlantis Circle, 204A
Address

St. Augustine, FL 32080
City, State & Zip

336.391.1367
Daytime Telephone number

brendanminer@aol.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: Chickalakee Chickens LLC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

225 Atlantis Cr. 204A
St. Augustine, FL
32080

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

These free range, organic, fed chickens lay
eggs that are donated to local homeless
shelters to feed the homeless a nutritious
breakfast each morning. The Chickalakee
Chicken farm is already running efficiently.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Individuals
committed to a healthy lifestyle for all.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Cathlene Miner, Trustee</u>	Name and Title:	<u>Brendan Miner, Trustee</u>
Address:	<u>225 Atlantis Cr. 204A</u> <u>St. Augustine, FL</u> <u>32080</u>	Address:	<u>225 Atlantis Cr. 204A</u> <u>St. Augustine, FL</u> <u>32080</u>

Name and Title:	<u>Debbie Miele, Board Member/officer</u>	Name and Title:	_____
Address:	<u>2505 Deerwood Ln.</u> <u>St. Augustine, FL</u> <u>32084</u>	Address:	_____

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: Cathlene Miner
Address: 225 Atlantis Cr. 204A
St. Augustine, FL 32080

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cathlene Miner
Address: 225 Atlantis Cr. 204A
St. Augustine, FL 32080

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

<u>Cathlene Miner</u>	<u>1.17.18</u>
Required Signature of Registered Agent	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.

<u>Cathlene Miner</u>	<u>1.17.18</u>
Required Signature of Incorporator	Date