

P000000 94884
TRANSMITTAL LETTER

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

00 OCT -5 AM 9:25
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: STRAWBERRY DELIGHT, INC.
(Proposed corporate name - must include suffix)

8000003415818--0
-10/05/00--01116--010
****122.50 *****78.75

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

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jim Gossett

Name (Printed or typed)

14595 Tamiami Trail

Address

North Port, FL 34287

City, State & Zip

941-423-3735

Daytime Telephone Number

R. CHESLER
OCT 9 2000

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

STRAWBERRY DELIGHT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

14595 TAMIAMI TRAIL
NORTH PORT, FL 34287

ARTICLE III SHARES

The number of shares of stock that this corporation authorized to have outstanding at any one time is:

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

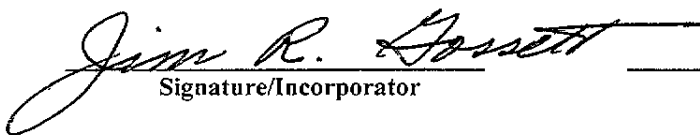
The name and Florida street address of the initial registered agent are:

JIM R. GOSSETT
14595 TAMIAMI TRAIL
NORTH PORT, FL 34287

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

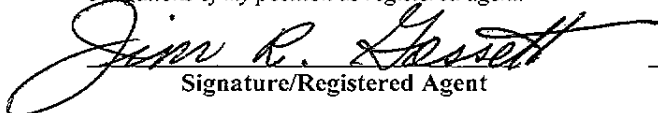
JIM R. GOSSETT
14595 TAMIAMI TRAIL
NORTH PORT, FL 34287


Signature/Incorporator

10/2/00
Date

(An additional article must be added if an effective date is requested)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

10/2/00
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT -5 AM 9:25

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