

PO1000084956

TRANSMITTAL LETTER

01 AUG 27 PM 12: 33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

400004557574--9

-08/27/01--01067--006

*****78.75 *****78.75

SUBJECT: Just A Taste of Heaven, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Sonja Story
Name (Printed or typed)

3830 S Nova Road Unit C-7 & C-8
Address

Port Orange, FL 32119
City, State & Zip

(386) 763-0597
Daytime Telephone number

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

2
pay
8/28/01

FILED

01 AUG 27 PM 12:33

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Just A Taste of Heaven, Inc.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3830 S Nova Road
Unit C-7 & C-8
Port Orange, Fl 32119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in the business of retail sales of gifts,
novelties and other incidentals, and to perform aervices
in connection therewith.

ARTICLE IV SHARES

The number of shares of stock is:

One Thousand (1,000) Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Sonja Story
5513 S Nova Road
Port Orange, Fl 32127

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Sonja Story
5513 S Nova Road
Port Orange, Fl 32127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sonja Story
5513 S Nova Road
Port Orange, Fl 32127

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

Signature/Registered Agent

8-22-01
Date

Signature/Incorporator

8-22-01
Date