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_____
(Requestor's Name)

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(Address)

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(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Stephanie Horowitz _____ GAVE

AUTHORIZATION BY PHONE TO

CORRECT _____ corp name

DATE _____ 1-27-03

DOC. EXAM _____ aj

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TRANSMITTAL LETTER

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

SUBJECT: __Incredible Edibles of ~~^South~~ Florida, 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 Filing Fee	❑ $78.75 Filing Fee & Certificate of Status	☑ $78.75 Filing Fee & Certified Copy	❑ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: __Stephanie Horowitz__
Name (Printed or typed)

__3260 NW 112 Ave__
Address

__Coral Springs FL 33065__
City, State & Zip

__(954) 340-7007__
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

South

ARTICLE I   NAME

The name of the corporation shall be: Incredible Edibles of South Florida Inc

ARTICLE II   PRINCIPAL OFFICE

The principal place of business/mailing address is: PO Box 8297 Coral Springs FL 33075

ARTICLE III   PURPOSE

The purpose for which the corporation is organized is: to conduct any business legal in the state of Florida

ARTICLE IV   SHARES

The number of shares of stock is: 100

ARTICLE V   INITIAL OFFICERS/DIRECTORS (optional)

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

Stephanie Horowitz, President
3260 NW 112 Ave
Coral Springs FL 33065

ARTICLE VI   REGISTERED AGENT

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

Stephanie Horowitz
3260 NW 112 Ave
Coral Springs FL 33065

ARTICLE VII   INCORPORATOR

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

Stephanie Horowitz
3260 NW 112 Ave
Coral Springs FL 33065

FILED
03 JAN 17 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****

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

Stephanie Horowitz (Stephanie Horowitz)   1/14/03
Signature/Registered Agent   Date

Stephanie Horowitz   1/14/03
Signature/Incorporator   Date