## P0300091908

(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certificates of Status	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certificates of Status	(Audiess)
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Certified CopiesCertificates of Status	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status	
Certified CopiesCertificates of Status	(Business Entity Name)
Certified CopiesCertificates of Status	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
1	

Office Use Only



100022212561

08/19/03--01025--007 \*\*87.50

SECRETARY OF STATE

**V** 

MI SINI

## TRANSMITTAL LETTER

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

SUBJECT: Pea	K Publications, In	c.	
	(PROPOSED CORPORAT	TE NAME – MUST INCL	UDESUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	eles 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 CO	
FROM:	Donna Will Name (	helm Printed or typed)	<del></del>
-	400 Ashba	erry Lane	·
-	Altamonte City,	Springs, FL 32 State & Zip	714
-		88-7431 Elephone number	

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

we will be with a second

ARTICLES OF INCORPORATION	FILED
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	03 AUG 19 PM 3: 19
ARTICLE I NAME	
The name of the corporation shall be:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
. Peak Publications, Inc.	- COMIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
600 Ashberry Lane Altamonte Springs, FL	32714
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
For profit, only and all lawful business or pur	po&-
ARTICLE IV SHARES	4
The number of shares of stock is:	
1000/OneThousand	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Donna Wilhelm, President	smd
600 Ashberry Lane, Altamonte Springs, FL 3:	714
J	
ARTICLE VI REGISTERED AGENT	-
The name and Florida street address of the registered agent is:	
Donna Wilhelm	2714
Donna Wilhelm 600 Ashberry Lane, Altamonte Springs, FL 3.	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
DonnaWilhelm	
600 Ashberry Lane, Altamente Springs, FL	32714
J , , , , , , , , , , , , , , , , , , ,	

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

orma WUhelm Signature/Registered Agent