

P03000103140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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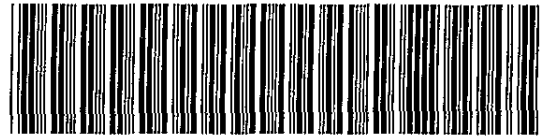
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: PF Bread Distribution Co.

(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: Bradford G. Hinds

Name (Printed or typed)

653 Woodgate Ln.

Address

Sunrise, Fl. 33326

City, State & Zip

954-649-9081

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)

### ARTICLE I NAME

The name of the corporation shall be:  
PF Bread Distribution Co.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:  
653 Woodgate Ln. Sunrise , Fl. 33326

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
Distribution of Pepperidge Farm Bread to retail stores.

### ARTICLE IV SHARES

The number of shares of stock is:  
50,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):  
Bradford G. Hinds 653 Woodgate Ln. Sunrise , Fl. 33326  
President , Treasurer, Secretary

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:  
Bradford G. Hinds 653 Woodgate Ln. Sunrise , Fl. 33326

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:  
Bradford G. Hinds 653 Woodgate Ln. Sunrise , Fl. 33326

\*\*\*\*\*  
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

9-3-03  
Date

  
Signature/Incorporator

9-3-03  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA