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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Diet Delights, 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: Patricia Cleland
Name (Printed or typed)

P.O. Box 17213
Address

Jacksonville, Florida 32245
City, State & Zip

904-247-1125
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:

Diet Delights, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 330799, Atlantic Beach, Florida 32233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Specialized food sales and service.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

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

Christopher McDonald, 865 Ocean Blvd., Atlantic Beach, FL 32233

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Patricia Cleland, P.O. Box 17213, Jacksonville, FL 32245

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

Chris McDonald
Signature/Registered Agent
Patricia Cleland
Signature/Incorporator
PATRICIA CLELAND

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-24-03

Date

9-24-03

Date