

P03000115626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

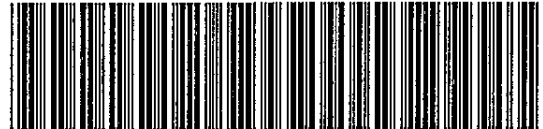
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## TRANSMITTAL LETTER

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

SUBJECT: Cypress Blends, Inc.

~~(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)~~

Enclosed is 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: Kenneth Wssery  
Name (Printed or typed)

400 Squirrel Trail  
Address

Longwood, FL 32779  
City, State & Zip

(407) 772-0150  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/ Chapter 621.

**ARTICLE I      NAME**

The name of this corporation is Cypress Blends, Inc.

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business is:

Cypress Blends, Inc.  
400 Squirrel Trail  
Longwood, Florida 32779

**ARTICLE III      PURPOSE**

The purpose for which this corporation is organized is to sell spices and cooking related products as a For-Profit Corporation.

**ARTICLE IV      SHARES**

The number of shares of stock is 100.

**ARTICLE V      INITIAL OFFICERS/DIRECTORS**

The Chief Executive Officer is Kenneth S. Ussery.

**ARTICLE VI      REGISTERED AGENT**

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

Kenneth S. Ussery  
400 Squirrel Trail  
Longwood, Florida 32779

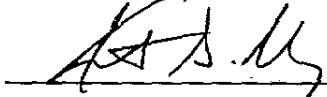
**ARTICLE VII      INCORPORATOR**

The name and address of the incorporator is:

Kenneth S. Ussery  
400 Squirrel Trail  
Longwood, Florida 32779

\*\*\*\*\*

*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

10/9/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10/9/03  
\_\_\_\_\_  
Date

FILED  
03 OCT 13 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA