

P04000106146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

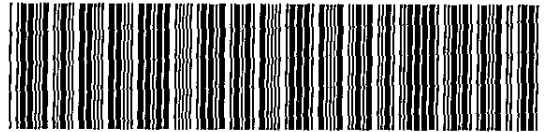
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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07/19/04--01007--021 \*\*128.75

RECEIVED  
04 JUL 19 AM 11:41  
DIVISION OF CORPORATION

04 JUL 19 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

## TRANSMITTAL LETTER

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

SUBJECT: Southern TASTE 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: Charles W Harris  
Name (Printed or typed)

3753 Swallowtail Trace  
Address

Tallahassee FL 32309  
City, State & Zip

850 668 2289  
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)

APPROVED  
AND  
FILED

04 JUL 19 PM 12:00

## ARTICLE I NAME

The name of the corporation shall be:

*Southern Taste Inc.*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*3753 Swallowtail Trace  
Tallahassee FL 32309*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*For Profit  
Food Services*

## ARTICLE IV SHARES

The number of shares of stock is:

*1000*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Charles W. Harris  
3753 Swallowtail Trace  
Tallahassee FL 32309  
President*

*Nancy C. Harris  
3753 Swallowtail Trace  
Tallahassee FL 32309  
Director*

*James L. Johnson  
294 Bobbie St  
Altenhurst GA 31301*

## ARTICLE VI REGISTERED AGENT

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

*Nancy C. Harris  
3753 Swallowtail Trace  
Tallahassee FL 32309*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Charles W. Harris  
3753 Swallowtail Trace  
Tallahassee FL 32309*

\*\*\*\*\*  
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

*Nancy C. Harris*  
\_\_\_\_\_  
Signature/Registered Agent

*7/19/04*  
\_\_\_\_\_  
Date

*Charles Harris*  
\_\_\_\_\_  
Signature/Incorporator

*7/19/04*  
\_\_\_\_\_  
Date