

POS000061502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

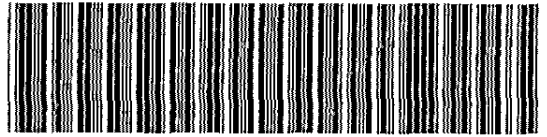
(Business Entity Name)

(Document Number)

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

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. Shivers APR 27 2005

## TRANSMITTAL LETTER

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

SUBJECT: BLAKE'S Speciality Foods CORP.  
(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: April D SMILEY OR JAMES F BLAKE  
Name (Printed or typed)

330 Holly Rd.  
Address

Monticello FL 32344  
City, State & Zip

850-992-8330  
Daytime Telephone number

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**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:

BLAKES Speciality Foods CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

320 N. Cherry St.  
Monticello Fl. 32344

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Restaurant.

## 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):

JAMES F. BLAKE

APRIL D. SMILEY

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

April D. Smiley  
330 Holly Rd. Monticello Fl. 32344

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES F. BLAKE OR April D. Smiley  
330 Holly Rd. Monticello Fl. 32344

\*\*\*\*\*

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

Date

Signature/Incorporator

Date

FILED  
05 APR 27 PM 12:46  
CLERK OF STATE  
TALLAHASSEE, FLORIDA