

POL000136510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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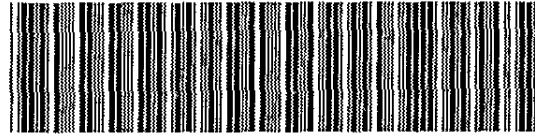
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Fruitastic Four 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: Maria T. Simmonds
Name (Printed or typed)

4924 Trinidad Dr.
Address

Land o' Lakes Fl. 34639
City, State & Zip

(813) 994-4828
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:

Fruitastic Four Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4924 Trinidad Dr. Land O'Lakes, Fl. 34639

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The sale of Smoothies, salads & wraps

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):

Maria T. Simmonds
4924 Trinidad Dr.
Land O'Lakes, Fl. 34639

ARTICLE VI REGISTERED AGENT

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

Maria T. Simmonds
4924 Trinidad Dr.
Land O'Lakes, Fl. 34639

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria T. Simmonds
4924 Trinidad Dr.
Land O'Lakes, Fl. 34639

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

Maria T. Simmonds
Signature/Registered Agent

10/23/06
Date

Maria T. Simmonds
Signature/Incorporator

10/23/06
Date

FILED
OCT 25 PM 1:08
CLERK OF CIRCUIT COURT
DADE COUNTY, FLORIDA