

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : A.A.ALI, CPA
Account Number : I20000000192
Phone : (407) 298-3900
Fax Number : (407) 298-0660

FLORIDA PROFIT/NON PROFIT CORPORATION**SCOOPIES-N-CUPS, INC.**

Certificate of Status	1
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Corporate Filing Menu

Help

(H07000022426 3)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
of
SCOOPIES-N-CUPS, INC.**

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name, mailing and physical address of the corporation is:

SCOOPIES-N-CUPS, INC.

PHYSICAL ADDRESS
26047 MEADOW BREEZE LN
LEESBURG, FL 34748

MAILING ADDRESS
21 POPLAR ROAD
PISCATAWAY, NJ 08854

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 shares of (One) Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agents of this Corporation is:

Name: NOEL LAWRENCE

Address: 26047 MEADOW BREEZE LANE

City: LEESBURG FL 34748

(H07000022426 3)

Page 1

(H07000022426 3)

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The name and address of the initial director(s) of the corporation are as follows:

Name: NOEL LAWRENCE, President

Address: 26047 MEADOW BREEZE LANE

City: LEESBURG FL 34748

ARTICLE VII - INCORPORATORS

The name and address of the person(s) signing these articles of Incorporation are as follows:

Name: NOEL LAWRENCE

Address: 26047 MEADOW BREEZE LANE

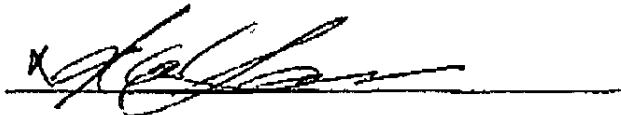
City: LEESBURG FL 34748

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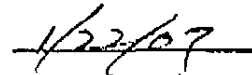
Page 2

(H07000022426 3)

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



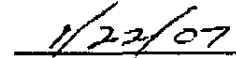
NOEL LAWRENCE /Registered Agent



Date



NOEL LAWRENCE /Incorporator



Date

(H07000022426 3)

Page 3