

07000060719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

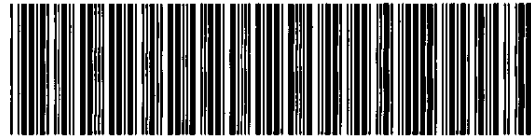
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FILED  
07 MAY 21 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/22/07

COVER LETTER

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

SUBJECT: Katies Coffee Corner, 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: Lawrence Clapp  
Name (Printed or typed)

4393 Adelaide Ave  
Address

North Port FL 34288  
City, State & Zip

941 661 5780  
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)

FILED

07 MAY 21 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

*Katies Coffee Corner Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*6015 POINT WEST BLVD  
SUITE 100 BRADENTON FL 34209*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*For Profit, Retail*

**ARTICLE IV SHARES**

The number of shares of stock is:

*(1)*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*LAWRENCE CLAPP 4393 ADELAIDE AVE NORTH PORT FL 34288  
KATHLEEN M CLAPP SAME ADDRESS*

**ARTICLE VI REGISTERED AGENT**

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

*KATHLEEN M CLAPP 4393 ADELAIDE AVE NORTH PORT FL 34288*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*LAWRENCE CLAPP 4393 ADELAIDE AVE NORTH PORT FL 34288*

\*\*\*\*\*

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

*Kathleen M Clapp*  
\_\_\_\_\_  
Signature/Registered Agent

*5-15-07*  
\_\_\_\_\_  
Date

*Lawrence Clapp*  
\_\_\_\_\_  
Signature/Incorporator

*5-15-7*  
\_\_\_\_\_  
Date