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SECRETARY OF STATE TALLANASSEE, FLORIDA

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# **COVER LETTER**

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

<sub>SUBJECT:</sub> My Be	st Friend's Kitchen, Inc	<b>:</b> .	,	
	(PROPOSED CORPORAT  al and one (1) copy of the artic	FE NAME – <u>MUST INCLI</u>		
S70.00 Filing Fee	▼ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: My Best Friend's Kitchen, Inc.  Name (Printed or typed)				
79	04 West 8th Street Circle	ddress		
L	ynn Haven, FL 32444 City, S	State & Zip	····	
85	50-248-6144 Daytime To	elephone number		

NOTE: Please provide the original and one copy of the articles.



### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 22, 2007

MY BEST FRIENDS KITCHEN, INC. 704 W. 8TH ST. CIR. LYNN HAVEN, FL 32444

SUBJECT: MY BEST FRIEND'S KITCHEN, INC.

Ref. Number: W07000024525

We have received your document for MY BEST FRIEND'S KITCHEN, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

### **ARTICLE V**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham Document Specialist New Filing Section

Letter Number: 707A00035627

### 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:

My Best Friend's Kitchen, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

704 West 8<sup>th</sup> Street Circle Lynn Haven, FL 32444

# **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Food Preparation/Catering

# **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):

Katherine Riley/President/Registered Agent 704 West 8<sup>th</sup> Street Circle

Lynn Haven, FL 32444

Sandra Givins/Senior Vice President 704 West 8<sup>th</sup> Street Circle Lynn Haven, FL 32444 Judy Hamm/Vice President Marketing

FILED WHO STATE

2501 Country Club Road Lynn Haven, FL 32444

Patty Guskie/Secretary/Treasurer

512 Candlewick Drive Panama City, FL 32405

### ARTICLE VI REGISTERED AGENT

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

Katherine Riley 704 West 8<sup>th</sup> Street Circle Lynn Haven, FL 32444

ARTICLE VII INCORPORATOR The name and address of the incorporator is:	
Katherine Riley 704 West 8 <sup>th</sup> Street Circle Lynn Haven, FL 32444	
Having been named as registered agent to accept service of proceertificate of am familiar with and accept the appointment as regist Signatuje/Registered agent  Signature/Incorporator	ess for the above stated corporation at the place designated in this ered agent and agree to act in this capacity  Oblosion  Date  Date