

PO80000001129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

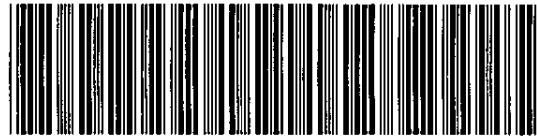
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300113605643

01/04/08--01012--023 **70.00

MRD
1/4/08

RECEIVED
08 JAN -4 PM 12:42
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 JAN -4 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
EFFECTIVE DATE
1/1/08

COVER LETTER

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

SUBJECT: Wakulla Florist and Gift Shop 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: Kristi Sanders

Name (Printed or typed)

P O Box 984

Address

Crawfordville FL 32326

City, State & Zip

850-926-7929

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:

Wakulla Florist and Gift Shop Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3076 Crawfordville Hwy

Crawfordville, FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail Sales

ARTICLE IV SHARES

The number of shares of stock is:

900

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kristi Sanders, President

52 Centipede Dr

Crawfordville, FL 32327

Jennifer Reyes, V-President

41 Pueblo Trail

Crawfordville, FL 32327

Patricia Reyes Sanders, Secretary

293 Fox Hollow Lane

Crawfordville, FL 32327

FILED

08 JAN -4 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

1/1/08

ARTICLE VI REGISTERED AGENT

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

Kristi Sanders
52 Centipede Dr
Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

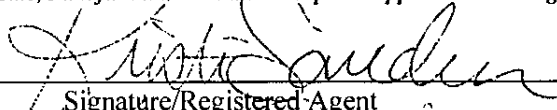
The name and address of the Incorporator is:

Kristi Sanders
52 Centipede Dr
Crawfordville, FL 32327

ARTICLE VIII Effective Date
January 1, 2008

FILED
08 JAN -4 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

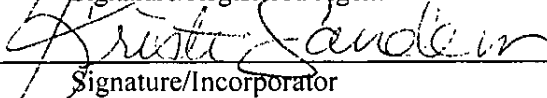
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

01/02/08

Date



Signature/Incorporator

01/02/08

Date