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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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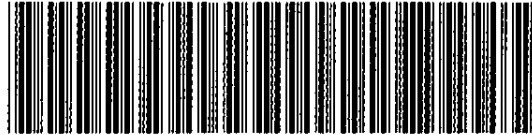
(Business Entity Name)

(Document Number)

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2008 MAR 12 P 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 12 2008
D.A. WHITE

COVER LETTER

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

SUBJECT: Biscuit Zone, Incorporated
(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: Elayne Winkelman
Name (Printed or typed)

13515 Bristlecone Circle
Address

Orlando, Florida 32828
City, State & Zip

(407) 342-4731
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: Biscuit Zone, Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: 13515 Bristlecone Circle
Orlando, FL 32828

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Bake Organic and All Natural
Pet Treats

ARTICLE IV SHARES

The number of shares of stock is: 3,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Elayne Winkelman - President
Rhyna Crews - Vice President
Marcie King - Treasurer
Elayne Winkelman - Secretary

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ARTICLE VI REGISTERED AGENT

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

Elayne Winkelman
13515 Bristlecone Circle
Orlando, FL 32828

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elayne Winkelman
13515 Bristlecone Circle
Orlando, FL 32828

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

Elayne H. Winkelman

Signature/Registered Agent

3/8/08

Date

Elayne H. Winkelman

Signature/Incorporator

3/8/08

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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