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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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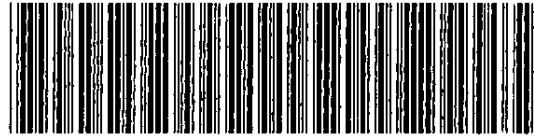
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pa

COVER LETTER

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

SUBJECT: 2 Stix, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: _____
Cass L. Wilson
Name (Printed or typed)

2879 E Olive Rd
Address

Pensacola, FL 32514
City, State & Zip

(850) 292-4105
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:
2 Stix, Inc.

ARTICLE II PRINCIPAL OFFICE / MAILING ADDRESS

The principal place of business is:
4731 Bayou Blvd
Pensacola, FL 32503

The mailing address is:
2879 E Olive Rd
Pensacola, FL 32514

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To conduct any business for which the law will allow.

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name and address:

President: Min Wilson
2879 E Olive Rd
Pensacola, FL 32514

Secretary/Treasurer: Cass L. Wilson
2879 E Olive Rd
Pensacola, FL 32514

ARTICLE VI REGISTERED AGENT

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

Cass L. Wilson
2879 E Olive Rd
Pensacola, FL 32514

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cass L. Wilson
2879 E Olive Rd
Pensacola, FL 32514

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

6-27-08
Date



Signature/Incorporator

6-27-08
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA