

P09000038778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

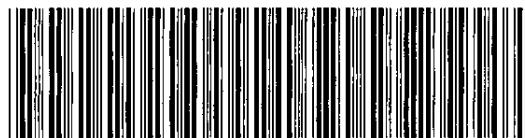
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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05/04/09--01001--004 \*\*78.75

RECEIVED  
09 MAY - 1 PM 2:27  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 MAY - 1 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Bm 5/1/09

## COVER LETTER

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

**SUBJECT:** Shuga Shack, 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: Ravyn J. Fears  
Name (Printed or typed)

54 Ravyn Road  
Address

Crawfordville, FL 32327  
City, State & Zip

850-509-7096  
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:

Shuga Shack, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

54 Ravyn Road  
Crawfordville, FL 32327

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All Lawful Business.

## **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):

Ravyn J. Fears, President  
54 Ravyn Road  
Crawfordville, FL 32327

## **ARTICLE VI REGISTERED AGENT**

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

Ravyn J. Fears  
54 Ravyn Road  
Crawfordville, FL 32327

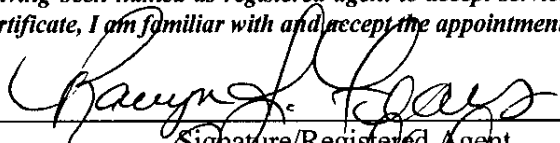
## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Ravyn J. Fears  
54 Ravyn Road  
Crawfordville, FL 32327

\*\*\*\*\*

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

  
Signature/Incorporator

FILED  
09 MAY - 1 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Date

  
Date