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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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60-58-9
21

COVER LETTER

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

SUBJECT: Signature Spices 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Bobby Talkington
Name (Printed or typed)

8009 NW 54 St.
Address

Doral FL 33166
City, State & Zip

305-790-0263
Daytime Telephone number

btsignature@bellsouth.net
E-mail address: (to be used for future annual report notification)

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:

Signature Spices Inc.

ARTICLE II PRINCIPAL OFFICE

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

8009 NW 54 St.
Doral, FL, 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Private label bottled spice products.

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Bobby Talkington (President) 16264 SW 75 St. Miami FL 33193
Cathin Piccolo (V. President) 10604 Hammocks Blvd. Miami FL 33196

ARTICLE VI REGISTERED AGENT

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

Bobby Talkington 16264 SW 75 St. Miami FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bobby Talkington 16264 SW 75 St. Miami FL 33193

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

Date

Date

FILED
2009 JUN 24 P 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA