

P09000099950

(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



100163405711

12/11/09--01009--009 **78.75

FILED
09 DEC 11 AM 11:12

OK

12-14-09

COVER LETTER

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

SUBJECT: Sweetpea's Concessions, 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: Sweetpea's Concessions, Inc.

Name (Printed or typed)

3435 Excalibur Way, E

Address

Jacksonville, FL 32223-7324

City, State & Zip

904-612-3717

Daytime Telephone number

tishimself3@gmail.com

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: *SWEETPEA'S CONCESSIONS, INC.*

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: *3435 EXCALIBUR WAY E.
JACKSONVILLE, FL. 32223-7324*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *ANY AND ALL LAWFUL BUSINESS*

ARTICLE IV SHARES

The number of shares of stock is: *100*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): *JIM SHIELDS PRESIDENT
JIM SHIELDS VICE PRESIDENT
JIM SHIELDS SECRETARY
JIM SHIELDS TREASURER*

*3435 EXCALIBUR WAY E.
JACKSONVILLE, FL. 32223-7324*

ARTICLE VI REGISTERED AGENT

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

*JIM SHIELDS
3435 EXCALIBUR WAY E.
JACKSONVILLE, FL. 32223-7324*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*JIM SHIELDS
3435 EXCALIBUR WAY E.
JACKSONVILLE, FL. 32223-7324*

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

Jim Shields
Signature/Registered Agent

Jim Shields
Signature/Incorporator

12.8.2009
Date

12.8.2009
Date

09 DEC 11

FIL

13