P 10000065169

| (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



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

| SUBJECT: | Peaches To (PROPOSED CORPOR) | Beaches, Inc | <u>ر,</u> |
|----------------------|------------------------------------|---|--|
| | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the art | icles of incorporation and | a check for: |
| \$70.00 | \$78.75 | \$78.75 | \$87.50 |
| Filing Fee | Filing Fee & Certificate of Status | Filing Fee & Certified Copy | Filing Fee, Certified Copy & Certificate of Status |
| | ADDITIONAL COPY R | | |
| FROM: | Sherry Nelson | | |
| | 224-A San | Vincente Str Address | eet |
| | Panama City | Beach, FL State & Zip | 32413 |
| | 404 993- Daytime T | 8522 Telephone number | |
| _1 | nstallatlo yahoo | o. Co M d for future annual report r | 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: | | |
| . Peaches To Beaches, Inc. | | |
| ARTICLE II PRINCIPAL OFFICE | | |
| The principal <u>street</u> address and mailing address, if different is: | | |
| (Same) 224-A San Vincente Street Panama City Beach, FL 32413 | | |
| ARTICLE III PURPOSE | | |
| The purpose for which the corporation is organized is: | | , |
| Retail Home + Garden Store | 10 | SEC |
| ARTICLE IV SHARES | Ē | 呈帝 |
| The number of shares of stock is: | - | 육골프 |
| /00 | PH | CORRE |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | | ST/ |
| List name(s), address(es) and specific title(s): | 0.11:1 | |
| Sterm Nelson, President | _ | NS. |
| Sterny Nelson, President Jerry Nelson, V.P. | | - |
| ARTICLE VI REGISTERED AGENT | | |
| The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: | | |
| Sherry Nelson 224-A San Vincente Street | | |
| 2244 San Vincente Street | | |
| Panama City Beach, FL 32413 | | |
| ARTICLE VII INCORPORATOR | | |
| The name and address of the Incorporator is: | | |
| Sherry Nelson 224- A San Vincente Street | | |
| 224 A San Vincente Street | | |
| Parama City Beach FL 32413 | ***** | ** |
| Having been named as registered agent to accept service of process for the above stated corpora | tion a | t the |
| place designated in this certificate, I am familiar with and accept the appointment as registered | agent | and |
| agree to act in this capacity | | |
| Slavy relson 8-3-10 | _ | |
| Signature/Registered Agent Date | | |
| Show helm 8-3-10 | | |
| Signature/Incorporator Date | _ | |
| Sherry Nelson | | |
| | | |