

P/00000080835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

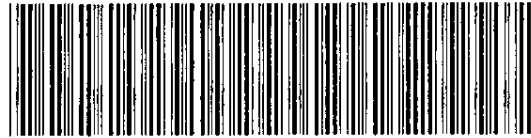
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



000186118480

10/06/10--01001--006 **70.00

RECEIVED
10 OCT -5 PM 3:00
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
10 OCT -5 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____
(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: EDWARD C CASS
Name (Printed or typed)

PO BOX 154
Address

APT LACHICOLA FL 32329
City, State & Zip

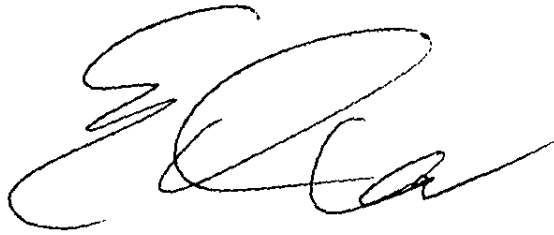
850 653 8000
Daytime Telephone number

EDWARD.CASS@MCHSI.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

10-5-10

I will not revoke the Dissolution
of Doc # P09000082569.

A handwritten signature in black ink, appearing to be 'E. Ca' or similar, written in a cursive style.

FILED
10 OCT - 5 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

10 OCT -5 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

CHEFETTES, INC

ARTICLE II PRINCIPAL OFFICE

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

75 MARKET ST
Apalachicola, FL 32320

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):

Pres. - Edward C. Cass
VP Bettye Cass

ARTICLE VI REGISTERED AGENT

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

EDWARD C. CASS
75 MARKET STREET
APALACHICOLA, FL 32320

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EDWARD C CASS
75 MARKET STREET
APALACHICOLA, FL 32320

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

Date

Signature/Incorporator

Date