

P 10000089899

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MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

135  
W10000047857



900186200559

10/06/10--01008--005 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2010 OCT 29 AM 9:44

11/5/10

COVER LETTER

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

SUBJECT: ST JOHNS BAKERY CORP  
(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: DAVID FENNER  
Name (Printed or typed)

2531 CIMAARUNK BLVD.  
Address

ST JOHNS FL 32259  
City, State & Zip

904 885-9897  
Daytime Telephone number

ddfenner3@aol.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2010 OCT 29 AM 9:44

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



RECEIVED

10 OCT 29 PM 2:01

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 12, 2010

DAVID M FENNOR  
2531 CIMARROW BLVD.  
ST JOHNS, FL 32259

SUBJECT: ST JOHNS BAKORY CORP.  
Ref. Number: W10000047857

We have received your document for ST JOHNS BAKORY CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 210A00024137

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2010 OCT 29 AM 9:44

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

**ARTICLE I NAME**

The name of the corporation shall be: **ST JOHN'S BAKERY CORP**

2010 OCT 29 AM 9:44

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**2531 CIMARRONE BLVD  
ST JOHN'S FL 32259**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**WHOLESALE BAKERY**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **DEANNA FENNER PRESIDENT** Name and Title: \_\_\_\_\_

Address: **2531 CIMARRONE BLVD** Address: \_\_\_\_\_  
**ST JOHN'S FL 32259**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: **DAVID FENNER**

Address: **2531 CIMARRONE BLVD  
ST JOHN'S FL 32259**

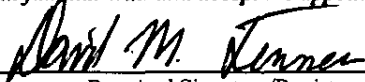
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **DEANNA FENNER**

Address: **2531 CIMARRONE BLVD  
ST JOHN'S FL 32259**

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



Required Signature/Registered Agent

**10/21/10**

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

**10/21/10**

Date