

PI 00000095518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

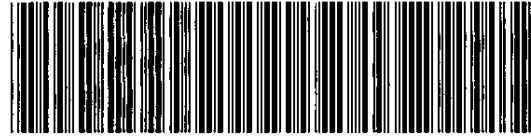
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Certified Copies _____

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FILED

2010 NOV 22 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Bush NOV 23 2010

COVER LETTER

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

SUBJECT: FARMERS FIRST COFFEE 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

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: SUSAN N. KIMERIA
Name (Printed or typed)

2410 FOUNTAIN ROAD
Address

DELTONA FL 32738
City, State & Zip

407-738-1294
Daytime Telephone number

ajoma75@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 NOV 12 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 4, 2010

SUSAN N KIMERIA
2410 FOUNTAIN ROAD
DELTONA, FL 32738

SUBJECT: FARMERS FIRST COFFEE INC
Ref. Number: W10000051810

We have received your document for FARMERS FIRST COFFEE INC 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 must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The registered agent must sign accepting the designation.

You must list at least one incorporator with a complete business street address.

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 610A00026039



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2010

SUSAN N KIMERIA
2410 FOUNTAIN ROAD
DELTONA, FL 32738

SUBJECT: FARMERS FIRST COFFEE INC
Ref. Number: W10000051810

We have received your document for FARMERS FIRST COFFEE INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please complete Article(s) VI.

The registered agent must sign accepting the designation.

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 610A00026904

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: FARMERS FIRST COFFEE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2410 FOUNTAIN ROAD
DELTONA, FL 32738

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: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan Kimeria
Address: President & CEO
2410 Fountain Road
Deltona FL 32738

Name and Title: _____
Address: _____

Name and Title: Charles Kimeria
Address: Vice President
2410 Fountain Road
Deltona, FL 32738

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Susan N Kimeria
Address: 2410 Fountain Road
Deltona, FL 32738

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Susan Kimeria
Address: 2410 Fountain Road
Deltona FL 32738

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]

Required Signature/Registered Agent

10/28/2010

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.

[Signature]

Required Signature/Incorporator

10/28/2010

Date

FILED

2010 NOV 22 PM 3:50

STATE
TALLAHASSEE, FL 09007