

P11000003615

(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



800190768608

01/11/11--01006--017 \*\*87.50

FILED  
11 JAN 11 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 1/12/11

## COVER LETTER

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

**SUBJECT:** Denny Lynn's House of Chocolates, 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:** Joan Twiss

Name (Printed or typed)

705 S. 9th St.

Address

Leesburg, Fl. 34748

City, State & Zip

352-445-5003

Daytime Telephone number

dennylynns@earthlink.net

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: **Denny Lynn's House of Chocolates, Inc.**

**FILED**

**11 JAN 11 PM 4:12**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**703 W. Main Street**  
**Leesburg, FL 34748**

Mailing address, if different is:  
**705 S. 9th Street**  
**Leesburg, FL 34748**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Provide management and responsibility for retail candy company separate from multiple partner entities.**

**ARTICLE IV SHARES**

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

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

Name and Title: **Joan Twiss, President**  
Address: **705 S. 9th St.**  
**Leesburg, FL 34748**

Name and Title: **Brian Twiss, Vice President**  
Address: **908 S. 9th St.**  
**Leesburg, FL 34748**

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

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: **Misty Morningstar**  
Address: **908 S. 9th St.**  
**Leesburg, FL 34748**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Misty Morningstar**  
Address: **908 S. 9th St.**  
**Leesburg, FL 34748**

*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

**1/5/2011**  
\_\_\_\_\_  
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

**1/5/2011**  
\_\_\_\_\_  
Date