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**COVER LETTER**

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

**SUBJECT: MOLLY N MOES, 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: MICHELE ANN COUNCIL**

Name (Printed or typed)

**153 PLACID DRIVE**

Address

**LAKE PLACID, FLORIDA 33852**

City, State & Zip

**863 243-3613**

Daytime Telephone number

**michaelq5@live.com**

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: MOLLY N MOES, INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
210 N MAIN AVE  
LAKE PLACID, FL 33852

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NEW BUSINESS- COFFEE, ICE CREAM & MUFFIN SHOP

## ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHELE ANN COUNCIL-PRES  
Address: 153 PLACID DRIVE  
LAKE PLACID, FL 33852

Name and Title:

Address:

Name and Title: JOHN MALONE COUNCIL III- V. PRES  
Address: 153 PLACID DRIVE  
LAKE PLACID, FL 33852

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: MICHELE ANN COUNCIL  
Address: 153 PLACID DRIVE  
LAKE PLACID, FL 33852

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHELE ANN COUNCIL  
Address: 153 PLACID DRIVE  
LAKE PLACID, FL 33852

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

1/27/2011

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

1/27/2011

Date