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05/09/11--01038--018 **78.75



COVER LETTER

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

Our Kids Kite SUBJECT: 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 JFiling Fee & Certificate of Status

\$78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL C	OPY REQUIRED

FROM: Joyce Chuhran

Name (Printed or typed)

5253 Vassar rd

Address

Jacksonville Florida 32207-7722 City, State & Zip

904-994-2859

Daytime Telephone number

<u>ca</u>mille

5253@aol.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)

The name of the corporation shall be:

PRINCIPAL OFFICE ARTICLE II

Principal street address 5253 Vassar rd Jacksonville FI 32207

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Opening of a new business

ARTICLE IV SHARES

The number of shares of stock is:100

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

Name and T	itle: Joyce Chuhran President	Name and Title:	
Address:	5253 Vassar rd Jacksonville Fl. 32207	_ Address:	
Name and T Address:	itle:Robert Richards Vice President 1312 Fatio rd DeLand FI 32720	Name and Title: Address:	
Name and T Address:	itle:	Address:	
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of Joyce Chuhran 5253 Vassar rd Jacksonville Fl 32207		11 HAY -9 SECHETMYY MALLAHASSE
	INCORPORATOR Iress of the Incorporator is: Joyce Chuhran 5253 Vassar rd Jacksonville FI 32207	- -	South the south of
	ed as registered agent to accept service of process n familiar with and accept the appointment as regi		

Required Signature/Registered Agent

5/6/2011 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.

leguired Signature/Incorporator

Date

5/6/2011

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If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please toar off the stub at the bottom of this notice and send it along with your letter. If you do that need to write us, do not complete and return the stub. Thank you for your cooperation.

Keep this part for	your records.	CP 575 ATTRE	7-7-2007) 1°
Return this part with any correspondence so we may identify your account. Please correct any errors in your name or addres	б.	£	29 575 A
Your Telephone Number Best Time to Call	DATE OF THIS NOTICE: EMPLOYER IDENTIFICATI FORM: SS-4	05-05-2011 ON NUMBER: 45 NOBOD	5-2057359

INTERNAL REVENUE SERVICE CINCINNATI ON 45999-0023 OUR KIDS KITCHEN LOVE AT FIRST BITE 5253 VASSAR RD JACKSONVILLE, FL 32207