## P11000051279

| (Requestor's Name)                      | _ |  |  |  |  |
|---|---|--|--|--|--|
| (Address)                               |   |  |  |  |  |
| (Address)                               |   |  |  |  |  |
| (City/State/Zip/Phone #)                |   |  |  |  |  |
| PIÇK-UP WAIT MAIL                       |   |  |  |  |  |
| (Business Entity Name)                  |   |  |  |  |  |
| (Document Number)                       |   |  |  |  |  |
| Certified Copies Certificates of Status |   |  |  |  |  |
| Special Instructions to Filing Officer: |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |

Office Use Only



700207917977

06/01/11--01004--004 \*\*78.75

DEPAIT HORT OF STATE
DIVISION OF CORPORATIONS
TALL CHASSEE, FLORIDA

RECEIVED

TILED 11 JUN-1 M 9: 41

MRD

## **COVER LETTER**

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

| SUBJECT: WOODCHUCK'S CAF                              | E INC                      |                  |
|---|----------------------------|------------------|
| (PROPOSED CORPORA                                     | TE NAME – <u>MUST INCI</u> | LUDE SUFFIX)     |
|   |                            |                  |
| Enclosed are an original and one (1) copy of the arti | cles of incorporation an   | d a check for:   |
| -   |                            |                  |
| \$70.00 \$78.75                                       | \$78.75                    | \$87.50          |
| Filing Fee Filing Fee                                 | ☐Filing Fee                | L_Filing Fee,    |
| & Certificate of Status                               | & Certified Copy           | Certified Copy   |
|   |                            | & Certificate of |
|   | ADDITIONAL CO              | Status           |
|   | ADDITIONAL CO              | of I REQUIRED    |
|   |                            |                  |
|   |                            |                  |
| FROM: LASHELLE KEEL                                   |                            |                  |
| Name  | (Printed or typed)         |                  |
|   |                            |                  |
| 3135 MCCORD BLVD                                      | Address                    |                  |
| 4   | Address                    |                  |
| TALLAUACCEE EL 201                                    | 202                        |                  |
| TALLAHASSEE, FL 323                                   | State & Zip                | <del> </del>     |
| •   | •                          |                  |
| <u>850-933-1892</u>                                   |                            |                  |
| Daytime T   | elephone number            |                  |
| Stide Oambarane :!!                                   |                            |                  |
| fltide@embargmail.com<br>E-mail address: (to be use   | for future annual report   | notification)    |
| (10 00 400  |                            | ,                |

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 cor    | NAME WOODCHUCK'S CAF poration shall be:                     | E INC        |   |             |
|------------------------|---|--------------|---|-------------|
| ARTICLE II             | PRINCIPAL OFFICE  |              |   |             |
|                        | Principal street address                                    |              | Mailing address, if different is:           |             |
|                        | 730 W PENSACOLA ST UNIT12-13                                |              | 3135 MCCORD BLVD                            |             |
| 14                     | ALLAHASSEE, FL 32304  |              | TALLAHASSEE, FL 32303                       |             |
| ARTICLE III F          | PURPOSE   |              |   |             |
|                        | ich the corporation is organized is:                        |              |   | . •         |
|                        |   |              | ₩   |             |
|                        |   |              | LEGIS ECCIS                                 | M           |
| ARTICLE IV             | SHADES  |              | 表記了   | Promise     |
| The number of share    |   |              | م ريخي -                                    | · 1         |
|                        |   |              |   |             |
|                        | INITIAL OFFICERS AND/OR DIRECTO                             |              |   | 50          |
| Name and Tit. Address: | le:LASHELLE KEEL - PRESIDENT<br>3135 MCCORD BLVD            |              | ne and Title:                               | -           |
| Address:               | TALLAHASSEE, FL 32303                                       |              | iress:                                      |             |
|                        |   |              |   |             |
| Name and Tit           | le:   | Nam          | ne and Title:                               |             |
| Address:               |   |              |   |             |
|                        |   | <del></del>  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,      |             |
|                        |   |              |   |             |
| Name and Tit           | le <sup>,</sup>   | Nam          | ne and Title:                               |             |
| Address:               | le:   | Addı         | lress:                                      | <del></del> |
|                        |   |              |   |             |
|                        |   | <del></del>  | <del> </del>                                |             |
|                        | REGISTERED AGENT  | aftha        | aistand again is                            |             |
| Name:                  | ida street address (P.O. Box NOT acceptable)  LASHELLE KEEL | -            | gistered agent is:                          |             |
| Address:               | 3135 MCCORD BLVD  | <del></del>  |   |             |
| . 100.000.             | TALLAHASSEF, FL 32303                                       | <del></del>  |   |             |
| ARTICLE VII            | INCORPORATOR  |              |   |             |
| The name and addr      | ress of the Incorporator is:                                |              |   |             |
| Name:                  | LASHELLE KEEL   |              |   |             |
| Address:               | 3135 MCCORD BLVD<br>TALLAHASSEE, FL 32303                   | <del></del>  |   |             |
| Having been named      | d as registered agent to accept service of proc             | ess for th   | he above stated corporation at the place de | signated in |
|                        | familiar with and accept the appointment as r               |              |   |             |
| Jen SC                 | u Z   |              | 06/01/2011                                  |             |
| <i>L</i> .             | Required Signature/Registered Agent                         |              | Date  |             |
|                        | nent and affirm that the facts stated herein a              |              |   | mitted in a |
| document to the Dep    | partment of State constitutes a third degree fel            | ony as pro   | ovided for in s.817.155, F.S.               |             |
| - MAN                  |   |              | 0010410044                                  |             |
| 7/0                    | Required Signature/Incorporator                             | <del>-</del> | <u>06/01/2011</u>                           |             |
|                        | vedanca Signature/incorborator                              |              | Date  |             |