

PI10000067/30

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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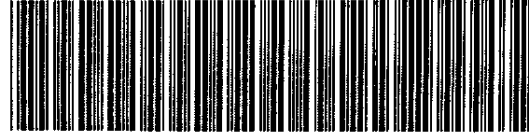
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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07/25/11--01035--011 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

21 JUL 25 PM 3:55

APPROVED  
AND  
FILED

## COVER LETTER

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

SUBJECT: We Are Nuts, 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: Colleen Palmer  
Name (Printed or typed)  
8534 Bonita Isle Drive  
Address  
Lake Worth, FL 33467  
City, State & Zip  
561-281-9161  
Daytime Telephone number  
wearenutsonc@aol.com or stefcolleen@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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: We Are Nuts, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

We Are Nuts  
8534 Bonita Isle Drive  
Lake Worth, FL 33467

Mailing address

Same

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Gerald A. Johnson - President

Address: 6178 Arcade Ct.  
Lake Worth, FL 33463

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

Address: \_\_\_\_\_

Name and Title: Colleen Palmer - Vice President / Treasurer

Address: 8534 Bonita Isle Drive  
Lake Worth, FL 33467

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: Colleen Palmer  
Address: 8534 Bonita Isle Drive  
Lake Worth, FL 33467

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Colleen Palmer  
Address: 8534 Bonita Isle Drive  
Lake Worth, FL 33467

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

Colleen M. Palmer  
Required Signature/Registered Agent

7/21/11  
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.

Colleen M. Palmer  
Required Signature/Incorporator

7/21/11  
Date