

P11000097538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

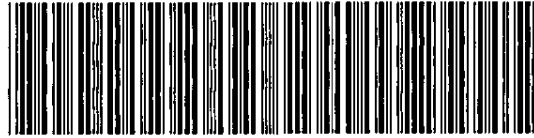
(Document Number)

Certified Copies ☒

Certificates of Status ☐

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 NOV 10 PM 3:12
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
11 NOV 10 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 11/10/11

COVER LETTER

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

SUBJECT:

2. *A KNEAD TO KNOW 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:

Natalie R Jackson

Name (Printed or typed)

625 Stiles Ave

Address

Tallahassee FL 32303

City, State & Zip

850 363 1228

Daytime Telephone number

msjaxn32303@gmail.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:

A KNEAD 2 TO KNOW INC

FEI# 45-3764868

ARTICLE II PRINCIPAL OFFICE

Principal street address

625 Stiles Ave

Mailing address, if different is:

Tallahassee FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to assist small business owners gather and receive information needed to help their operations excel and meet the expected needs of the owners and customers.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Natahe R Jackson**

Address: **President**

625 Stiles Ave

Tallahassee FL 32303

Name and Title: **Sperry Johnson-Hollaway**

Address: **VP**

625 Stiles Ave

Tallahassee FL 32303

Name and Title: **Bridget Brown**

Address: **Secretary/Treasurer**

625 Stiles Ave

Tallahassee FL 32303

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: **Natahe R Jackson**

Address: **625 Stiles Ave**

Tallahassee FL 32303

ARTICLE VII INCORPORATOR

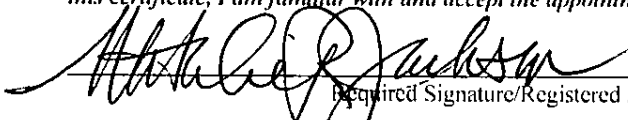
The name and address of the Incorporator is:

Name: **Natahe R Jackson**

Address: **625 Stiles Ave**

Tallahassee FL 32303

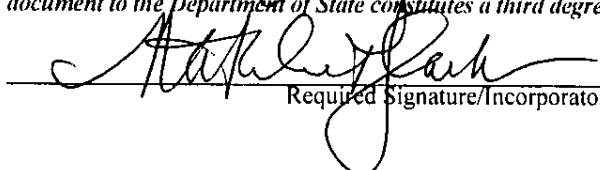
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/10/11
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.



Required Signature/Incorporator

11/10/11
Date

FILED
11 NOV 10 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA