P1100003304

(Requestor's Name)				
(Address)				
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(0) (0) (7)				
(City/State/Zip/Phone #)				
PICK-UP · WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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11 DEC -2 PM 2: 02

SECRETARY OF STATE OR STATE OF CORPORATIONS

PS. 12/5/11

COVER LETTER

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

SUBJECT:	Cocktails & F	Toodle Doo Ci	ompany
	(PROPOSED CORPOR	RATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the a	rticles of incorporation ar	nd 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 C	OPY REQUIRED
FROM: _	Bridget M. N		
	294 Scorpic) Lane Address	
. —	Key West, F	-L 33040 y, State & Zip	
-	305-879-174	7	
	Daytime	Telephone number 18 D Yahoo.c ed for future annual report	om
	E-mail address: (to be us	ed 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 No.	AME oration shall be: Cocktails & 1	FoodleDoo	Company
ARTICLE II PI	Principal office Principal street address 94 Sorpio Lane ey West, FL 33040		ddress, if different is:
ARTICLE III PU	IRPOSE h the corporation is organized is: Reta	il Sales	SECRETARY OF COR
The number of shares ARTICLE V IN Name and Title Address:		Name and Title:	PM 2: 02
Name and Title Address:		Name and Title: Address:	
Name and Title Address:		Address:	
	EGISTERED AGENT a street address (P.O. Box NOT acceptable) of BridgetIMYKinley 294 Scorpid Land Key West, FL 33040	the registered agent is: - - -	
	Sey West, FL 33040	<u>e</u> /	
this certificate, I am f	as registered agent to accept service of process amiliar with and accept the appointment as region. Required Signature/Registered Agent	for the above stated corp istered agent and agree to e	oration at the place designated in uct in this capacity //- 28-// Date
I submit this docume	Required Signature Registered Agent ent and affirm that the facts stated herein are artment of State constitutes a third degree felony		false information submitted in a 55, F.S.
Bridget 1	Required Signolure/Incorporator		11-28-1/ Date