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(Requestor's Name)

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New Filings

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2012 FEB -6 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Answers FEB 07 2012

COVER LETTER

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

SUBJECT: MARJIE'S PLANTAIN FOODS 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: MARJIE'S PLANTAIN FOOD

Name (Printed or typed)

P.O. BOX 681533

Address

MIAMI, FLORIDA

City, State & Zip

888-908-6275 OR 954-607-3085

Daytime Telephone number

marjoriegaston@live.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB -6 AM 9:57

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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

MARJIE'S PLANTAIN FOODS INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

7340 NW 35TH AVE

MIA, FLA 33147

Miami

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Food Processing-Packaging

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marjorie Gaston

Address: 7340 NW 35TH AVE

MIA, FLA 33147

Miami

Name and Title: CEO

Address: _____

Name and Title: _____

Address: _____

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: MARJORIE GASTON

Address: 7340 NW 35TH AVE

MIA, FLA 33147

Miami

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARJORIE GASTON

Address: 734 NW 35TH AVE

MIA, FLA

Miami

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

Marjorie Gaston

Required Signature/Registered Agent

1-30-2012

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.

Marjorie Gaston

Required Signature/Incorporator

1-30-2012

Date

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